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FILE ON OR BEFORI REVOCATION A	E APRIL 7, 1999 TO AVOID ND \$500 PENALTY FEE			
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State Division of Corporations		FILED 99 MAR 30 PH 2: 09	
1. Name of Limited Partnership	1a. DOCUMENT # A9800001633			Y OF STATE Menomentation
RESTAURANT CONCEPTS O	OF BONITA SPRINGS LIM	NITED PA		
Aalling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
9220 BONITA BEACH ROAD. SUITE 227 Bonita Springs FL 34135	9220 BONITA BEACH ROAD. SUITE 227 BONITA SPRINGS FL 34135		07/06/1998 32. Date of Last Report	\$650,000.00
			4. State or Country of Formation	5D. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		FL	\$650,000.09
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 52-21173	390 Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip Co	ountry	8. Make check payable to Dept of \$	Fee Required State (See reverse side for fec information
PLANTATION FL 33324		City FL		
10a. Pursuant to the provisions of sections 620.1051 a for the purpose of changing its registered office or sgent. I am familiar with, and accept the obligatio	r registered agent, or both, in the State of Florida	nited partnership organ Such change was aut	ized or registered under the laws of the wrized by its general partner(s). I hereb	State of Florida, submits this statement y accept the appointment of registered
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA				
	ST BE REGISTERED AND	ACTIVE WI		
11, Name(s) of General Partner(s)	Address of Each General Par 11a. (Do NOT Use Post Office Box No	umbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number
R & B OF BONITA SPRINGS, INC	9220 BONITA BEACH RO	A E	04709	P9800052300
		4	L 6 99	2 6 ,251.****528.25
1				
Nøte: General partners MAY NO	T be changed on this form;	an amendme	nt must be filed to cha	nge a general partner.
12. I do hereby certify that the information supplied with from any liability of non-compliance with Section 119 is true and accurate and that my signature shall hav execute this report as required by chapter 620, Flori	9.07(3)(k) in the event that the information supplied we the same legal effects as if made under oath. I f	d is deemed exempt fro	m public access. I further certify that the	information indicated on this annual repo
SIGNATURE Vend	Q. Satel			123/99
Typed or Printed Name of General Partner Signing Form	RONALD A. PATA	K.	Daytime Telephone Number 94	1-949-0067