

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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|----------------------------------------------------|----------------------------------------------|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A98000001963 |
| THE CORRAL OF BRADENTON LIMITED PARTNERSHIP | |

| | |
|------------------------------------------------------------|------------------------------------------------------------------------------|
| Mailing Address P.O. BOX 16307 TAMPA FL 33687 | Principal Office Address 7001 TEMPLE TERRACE HWY TAMPA FL 33 |
| 2. Mailing Address | 2a. Principal Office Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

| | |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 3. Date Formed or Registered 08/19/1998 | 5a. Capital Contributions as Shown on record \$637.00 |
| 3a. Date of Last Report | 5b. Amount of Capital Contributions in FLORIDA to date |
| 4. State or Country of Formation FL | 6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 8. Make check payable to Dept. of State (See reverse side for fee information) |

9. Name and Address of Current Registered Agent

MILLER, RANDELL ESQ
315 S. HYDE PARK AVENUE
TAMPA FL 33606

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc. 30000281818-2
City -03/25/99-01099-005
***141.25 FL ***141.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| | | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| 11. Name(s) of General Partner(s) YOMAR RESTAURANT, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7001 TEMPLE TERRACE H | 11b. City, State & Zip Code TAMPA FL 33637 | 11c. Registration/ Document Number V31329 |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|

JK
3/19/99

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 680, Florida Statutes.

SIGNATURE *[Signature]* DATE *2/8/99*
Typed or Printed Name of General Partner Signing Form **JAMES S. Young Jr.** Daytime Telephone Number **813-988-6128**

CR2E003 (12/98)