

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 APR -3 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0013787 AT

DOCUMENT # A98000001963



1. Entity Name
THE CORRAL OF BRADENTON LIMITED PARTNERSHIP

Principal Place of Business
**7001 TEMPLE TERRACE HWY
TAMPA FL
33**

Mailing Address
**P.O. BOX 16307
TAMPA FL 33687**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3585763**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$175,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$175,000.00**

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **V31329**
NAME **YOMAR RESTAURANT, INC.**
STREET ADDRESS **7001 TEMPLE TERRACE HWY**
CITY-ST-ZIP **TAMPA FL 33637**

STREET ADDRESS **900015183579**
CITY-ST-ZIP **04/03/03--01011--001 **\$26.25**

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STREET ADDRESS _____
CITY-ST-ZIP _____

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **JAMES S. YOUNG JR.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **3/03/03** Daytime Phone # **877-988-6128**

CR2E003 (10/02)