AP ICAT	OR WIT	FLORIDA	DEPARTMENT OF therme larric	STATE	7	F D		
MIT ED PARTIERS HIP								
DOCUMENT # A98000002267					ne #157 2% Fit 5: 00			
1. Name of Limited Partnership					SECRETARY OF STATE OF LARCE TO A STATE OF LARC			
BISTRO AT ISLAND'S END, LTD.					TO A MAS 1	7. 1 1950	144	
					DO NOT WRITE IN THIS SPACE			
2. Mailing Address 1301 Sixth Avenue W.		3. Principal Office Address 10101 Gulf Drive			4. Date Formed or Registered To Do Business in Florida 10-1-98			
Suite Apt #, etc Suite 400		Suite, Apt. #, etc.			5. FEI Number		Applied For	
City & State		City & State			65-0866587 Not Applicable			
Bradenton, F	Lorida Country	<u>Anna Maria</u> Zo	Florida Country	6. CERTIFICATE OF STATUS DESIRED			dditional Fee require Certificate of Status	
34205	USA	34216	USA		7. State or Country of Formation	Florid	la	
\$212,500.00 8b. Amount of Capital Contributions in FLORIDA to date \$212,500.00		Penalty Fee Note: If the amount ente appropriate filing f	e(s): \$500 penalty fee red in Bb is greater th	for each year re	his office, beginning with 1992 calendar y sport form is delinquent red in 8a, a supplemental affidavit must b	e submitted alcing	with a separate and	
9,	Name and Address of Current Re	legistered Agent Name			10. If changed, new registered agent/office			
Thomas W. Se 10101 Gulf D	rive		Robert F. Greene, Esq. Street Address (F.O. Box Number Is Not Acceptable) 1301 Sixth Avenue W					
Anna Maria, Florida 34216			Su	Suite Apt #, etc Suite 400				
		City Br	adenton		FL 34	Code 1205		
for the purpose of c agent 1 am familiar		istered agent or both in the St	ove-named I-mited pi ate of Florida. Such (artnership organ	nzed or registered under the laws of the norized by its general partner(s). I hereb DA1E			
A GENERAL	PARTNER THAT IS MUST	A CORPORATION OF THE REGISTERS	ON, LIMITE D AND ACT	D PARTI	NERSHIP OR OTHER 'H THIS OFFICE.	BUSINE	SS ENTITY	
11. Names of Gener	ral Parlner(s)	Address of Each C (Do NOT Use Post Off			City, State and Zip Code	11a. _D	Registration ocument Number	
Island Bistro, Inc. 6600 Gulf Drive			rive	Holme	es Beach, FL 34217	P980000		
						/8901 38	7072 57009 841025-00	

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 will) this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statules Treleare 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 partitieship, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

Island Bississipport.

SIGNATURE BY: The

Typed or Printed Name of General Partner Signing Form Thomas W. Murphy, President

DATE 5-18-99

Telephone Number (941) 778-0822

CR2E039 (12/98)