

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000002267**

1. Entity Name  
**BISTRO AT ISLAND'S END, LTD.**



Principal Place of Business  
**10101 GULF DRIVE**  
**ANNA MARIA, FL 34216**

Mailing Address  
**1301 SIXTH AVENUE WEST, SUITE 400**  
**BRADENTON, FL 34205**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0866587**

Applied For  
 Not Applicable

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

**GREENE, ROBERT F**  
**1301 SIXTH AVENUE WEST, SUITE 400**  
**BRADENTON, FL 34205**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record **\$212,500.00**

10. Amount of Capital Contributions in FLORIDA to date

**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 # **P98000069602**  
 NAME **ISLAND BISTRO, INC.**  
 STREET ADDRESS **6600 GULF DRIVE**  
 CITY-ST-ZIP **HOLMES BEACH, FL 34217**

STREET ADDRESS  
 CITY-ST-ZIP

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**U00000159875**  
**05/13/04 00003 005 526.25**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/27/04 (94) 779-9625**

Date

Daytime Phone #

STAPLE CHECK HERE