


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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| DOCUMENT # A99000000111 1. Entity Name HOPS OF OHIO, LTD. |  |
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| Principal Place of Business HANCOCK @ WASHINGTON MADISON, GA 30650 | Mailing Address HANCOCK @ WASHINGTON MADISON, GA 30650 |
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|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
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FILED

04 APR 30 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202004 Chg-LP CR2E003 (10/03)

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| 4. FEI Number 59-3556244 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| 9. Capital Contributions as Shown on record. \$25,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. \$25,000.00 | \$ 263.75 |
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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 # | P97000009985 | STREET ADDRESS | 600036281736 |
| NAME | HOPS GRILL & BAR, INC. | CITY-ST-ZIP | 05/14/04--01005--001 **12171.25 |
| STREET ADDRESS | HANCOCK @ WASHINGTON | | |
| CITY-ST-ZIP | MADISON, GA 30650 | | |
| DOCUMENT # | | STREET ADDRESS | <i>Bar</i> 05/14/04--01005--001 **12171.25 |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| NAME | | CITY-ST-ZIP | |
| 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

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|--|--|
| SIGNATURE  | Percy Williams 4/20/04 (706)343-2092 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | <small>Date Daytime Phone #</small> |

STAPLE CHECK HERE