

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021370 FP

DOCUMENT # A99000000411



1. Entity Name
THE RESTAURANTS AT CARILLON BEACH, LTD.

FILED

03 MAY -2 PM 7:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business 102 MARKET STREET PANAMA CITY BEACH FL 32413	Mailing Address 102 MARKET STREET PANAMA CITY BEACH FL 32413
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2. Principal Place of Business <i>Suite</i> Suite, Apt. #, etc.	3. Mailing Address <i>Suite R</i> Suite, Apt. #, etc.
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DUE BY MAY 1, 2003

City & State	City & State	4. FEI Number 59-3563541	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent
**ALBRECHT, PAUL A
102 MARKET STREET
PANAMA CITY BEACH FL 32413**

7. Name and Address of New Registered Agent
Name *William D. Briggs Sr.*
Street Address (P.O. Box Number is Not Acceptable)
*102 MARKET ST
P.O. Beach, FL 32413*
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 *William D. Briggs Sr.* DATE **4/30/2003**

9. Capital Contributions as Shown on record. \$2,000.00	10. Amount of Capital Contributions in FLORIDA to date. 2000	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	P00000047128
NAME	BIG PAPA INC
STREET ADDRESS	102 MARKET STREET
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200017900862
CITY-ST-ZIP	05/02/03--01071--006 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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.

SIGNATURE: *William D. Briggs Sr.* DATE **4/30/2003** DAYTIME PHONE # **234-5600**

CR2E003 (10/02)

SAMPLE CHECK HERE