


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

**FILED**

04 APR 29 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A99000001754</b> 1. Entity Name <b>DRIVE-THRU CONCEPTS, LTD.</b>					
Principal Place of Business <b>5800 N.W. 74TH AVENUE          MIAMI, FL 33166</b>			Mailing Address <b>5800 N.W. 74TH AVENUE          MIAMI, FL 33166</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DIAZ, JUAN, Esquire</b> <b>5800 N.W. 74TH AVENUE</b> <b>MIAMI, FL 33166</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$5,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000094115		STREET ADDRESS	<b>900035839959</b> <b>05/10/04--01125--002 **158.75</b>	
NAME	DRIVE-THROUGH CONCEPTS MANAGEMENT INC		CITY-ST-ZIP		
STREET ADDRESS	5800 NW 74TH AVENUE		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:**

*[Signature]* Mar.

4-26-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE