

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A99000001754	
1. Entity Name DRIVE-THRU CONCEPTS, LTD.	
Principal Place of Business 5800 N.W. 74TH AVENUE MIAMI FL 33166	Mailing Address 5800 N.W. 74TH AVENUE MIAMI FL 33166



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 14 AM 8:35

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
City		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent DIAZ, JUAN ESQ 5800 N.W. 74TH AVENUE MIAMI FL 33166		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 _____
Signature, typed or printed name of registered agent and title if applicable DATE

**11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record. **\$5,000.00**
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 #	P99000094115	STREET ADDRESS	
NAME	DRIVE-THROUGH CONCEPTS MANAGEMENT INC	CITY-ST-ZIP	
STREET ADDRESS	5800 NW 74TH AVENUE		
CITY-ST-ZIP	MIAMI FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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06/28/05--01014--003 **150.00

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

Juan Diaz General Partner

APR 23, 2005

Date

Daytime Phone #