## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## FILED -- May 01, 2006 08:00 AN Secretary of State

DOCUMENT # A9900001754  1. Entity Name DRIVE-THRU CONCEPTS, LTD.					Secretary of State	
Principal Place 5800 N.W. 74 MIAMI, FL 33	ITH AVENUE	Mailing Address 5800 N.W. 74TH AVI MIAMI, FL 33166	ENUE			##!  ####     ###     ###     ##
Principal Place of Business     3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272006 Chg-LP	CR2E003 (11/05)	
City & State		City & State  Zrp Country			4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip	Country	<b>Z</b> ър	Cour	шу	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Cun	ent Registered Agent		Name	7. Name and Address of New Reg	gistered Agent
DIAZ, JUAN ESQ 5800 N.W. 74TH AVENUE MIAMI, FL 33166				Street Address (P.O. Box Number is Not Acceptable)		
Will Will, T. E. GOTTO				City		FL Zip Code
	named entity submits this stateme	nt for the purpose of changing	its register	ed office or register	red agent, or both, in the State of Florid	da. I am familiar with, and accept
SIGNATURE -	Signature, typed or printed name of registered	roent and little of applicable.		<del></del>		DATE
	FiLE )	IOW!!! FEE IS \$500.00 1, 2006, Fee will be \$9	900.00			
	A GENERAL PARTNE	R THAT IS A BUSINESS	ENTITY N	UST BE REGIST	TERED AND ACTIVE WITH THIS nt must be filed to change a gen	OFFICE.
12.		NER INFORMATION	13.		ADDRESS CHAN	
DOCUMENT # NAME	P99000094115 DRIVE-THROUGH CONCEPTS MANAGEMENT INC			eet adoress		
STREET ADDRESS CITY-ST-ZIP	5800 NW 74TH AVENUE MIAMI, FL		City	/-S1-ZIP	U00000554229 05/15/06 00084 012 508.75	
DOCUMENT # NAME			SIR	EET AODRESS		
STREET ADDRESS  — CITY-ST-ZIP			CITY	(-ST-ZiP		
DOCUMENT # NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	r-st-zip		
DOCUMENT *  NAME  STREET ADDRESS			STR	eet address		
CITY-ST-ZIP			CITY	(-ST-ZIP		
DOCUMENT #				EET ADDRESS		
CITY-ST-ZIP  DOCUMENT #  NAME				(-ST-ZIP		
NAME SIREET ADDRESS CITY-ST-ZIP				(-ST-ZIP		
14. I hereby of indicated or the rec	certify that the information supplier on this report is true and accurate eiver or trustee empowered to exe	d with this filing does not quali and that my signature shall ha cute this report as required by	ify for the e ave the sam Chapter 62	xemptions containe le legal effect as if n 20, Florida Statutes	od in Chapter 119, Florida Statutes. I f nade under oath; that I am a General	further certify that the Information Partner of the limited partnership
SIGNAT	URE:	DOR PRINTED NAME OF SIGNING GEN	f	bernus lon:	Mp. 23 2001	Daysme Phone it