

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR 11 AM 10:40



1. Name of Limited Partnership

1a. DOCUMENT #
B96000000129

GULFSTREAM BAGELS, LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

~~663 SHOTGUN ROAD~~
~~SUNRISE FL 33326~~

1209 ORANGE STREET
WILMINGTON DE 19801

3. Date Formed or Registered

04/18/1996

5a. Capital Contributions as
Shown on record.

8,000,000
Filed 4-11-97

3a. Date of Last Report

4. State or Country of Formation

DE

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$8,000,000.00

2. Mailing Address

2a. Principal Office Address

1801 Clint Moore Road

Suite, Apt. #, etc.

Suite 215

City & State

Boca Raton, FL

Zip

33487

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

36-4014978

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

300002144823--5
-04/18/97-01049-015
****541.25L ****541.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

GULFSTREAM BAGELS, INC.

~~663 SHOTGUN ROAD~~
1801 Clint Moore Rd
Suite 215

~~SUNRISE FL 33326~~
Boca Raton, FL
33487

F96000001940

CR
4-15

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

2/13/97

Typed or Printed Name of General Partner Signing Form

Robert M. Hartnett

Daytime Telephone Number

561-989-1900