

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 19 AM 9:08

526.25

DOCUMENT # B96000000505

1. Entity Name
LUBY'S RESTAURANTS LIMITED PARTNERSHIP



Principal Place of Business
2211 NORTHEAST LOOP 410
SAN ANTONIO, TX 78217

Mailing Address
P.O. BOX 33069
SAN ANTONIO, TX 78265-3069

2. Principal Place of Business
13111 Northwest Freeway

3. Mailing Address
13111 Northwest Freeway

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

City & State
Houston TX

City & State
Houston TX

Zip
77040

Country
USA

Zip
77040

Country
USA

07102005 Chg-LP CR2E003 (10/03)

4. FEI Number
74-2802656

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$15,181,407.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # F96000006857
NAME LUBY'S MANAGEMENT, INC.
STREET ADDRESS 2211 NORTHEAST LOOP 410
CITY-ST-ZIP SAN ANTONIO, TX 78217

13. ADDRESS CHANGES ONLY

STREET ADDRESS 13111 Northwest Freeway, Suite 600
CITY-ST-ZIP Houston TX 77040

DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Les Sarles, Controller

Luby's Management, Inc.

7-11-05

(713)329-6800

Date

Daytime Phone #

STAPLE CHECK HERE