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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

May 11, 2005 08:00 AN Secretary of State DOCUMENT # B9700000329 1. Entity Name RT SOUTH FLORIDA FRANCHISE, LTD. Principal Place of Business - _ _ _ Mailing Address 1013 CENTRE ROAD 150 W. CHURCH AVENUE WILMINGTON DE 19805 MARYVILLE TN 37801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 72-1373535 Not Applicable Zip Country Zíp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Tamiliar with, and accept the obligations of registered agent 11, FILE NOW!!! Due by May 1, 2005. SIGNATURE See Block 11 instructions for fee info. Signature, typed or primad name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,000,00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P97000054187 STREET ADDRESS NAME A. POND, INC. STREET ADDRESS 1018 FAIRFIELD DRIVE COTY ST-ZIP U00000365939 DS/11705-80017-010 141.25 CITY-ST-ZIP WESTON FL 33327 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP DOCUMENT # STREET ACCORDS MAME STREET ADDRESS 0/7Y-ST-2/8 CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CHY-ST-7IP DOCUMENT # STREET ADDRESS NAME 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

IG GENERAL PARTNER

FILED

Daylama Phone #