


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018231 AB

**DOCUMENT # B98000000299**

1. Entity Name  
RT WEST PALM BEACH FRANCHISE, LTD.



**FILED**  
03 MAY -6 PM 1:30

Principal Place of Business  
1013 CENTRE ROAD  
WILMINGTON DE 19805

Mailing Address  
150 W. CHURCH AVE.  
MARYVILLE TN 37801

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2003**

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

9. Capital Contributions as Shown on record.	<b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>1,000.00</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	P98000040150	STREET ADDRESS	
NAME	EMPIRE CONCEPTS, INC.	CITY - ST - ZIP	
STREET ADDRESS	18856 RED APPLE LANE		
CITY - ST - ZIP	JUPITER FL 33458		
DOCUMENT #		STREET ADDRESS	<b>600018303676</b>
NAME		CITY - ST - ZIP	<b>05715703--01097--002 **141.25</b>
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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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** M. Powell 5/1/03 561-743-0108

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)