, · APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT-OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED 1/2 JUN 22 AM 8: 24 6/22

DOCUMENT # B98000000642

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1. Name of Limited Partnership JB/Universal City Restaurant Partners, L.P. DO NOT WRITE IN THIS SPACE 2. Mailing Address 256 Worth Avenue Date Formed or Registered To Do Business in Florida 256 Worth Avenue 9-11-97 Suite, Apt #, etc 5. FEI Number Applied For Suite Apt #. etc Suite R & Q Suite R & O 95-4686324 Not Applicable Palm Beach, FL Palm Beach, FL \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status Country 33480 U.S.A. U.S.A. 33480 7. State or Country of Formation Palm Beach Count 8a. Capital Contributions as Shown on Record FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum tiling fee of \$52.50 and a maximum of \$8.7 million \$437.50, for <u>each year due</u> this office.
Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 catendar year. Penalty Fee(s): \$500 penalty fee for each year report form is delinquent 8b. Amount of Capital Contributions in FLORIDA to date Note If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee \$8.7 million 9. Name and Address of Current Registered Agent 10. If changed, new registered agent/office NRAI Services, Inc. 526 East Park Avenue Street Address (P.O. Box Number Is Not Acceptable) Tallahassee, FL 32301 Suite, Apt # etc Zip Code 10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the faws 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 Floridal 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) _ A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration Document Number City. State and Zip Code 11. Names of General Partner(s) 11a. в98000000642 Margaritaville Holdings, 256 Worth Avenue Palm Beach, FL Suite R-O LLC 33480 M98000001038 CR2E039 (12/98) 800002914708---1 -06/24/39--01030--004 ***1026.25 ***1026.25 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 voluntary 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 up a 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 fractived by chapter 600. Florida Shalles. empowered to execute this report as a quired by chapter 600, Flore

SIGNATURE

5611659-2186 Typed or Printed Name of General Partner Signing Form John Cohlan, President, CEO Margaritayielle Holdings, LLC