

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000872

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: OSI RESTAURANT PARTNERS, LLC

**Current Principal Place of Business:**

2202 N. WEST SHORE BLVD, 5TH FL  
TAMPA, FL 33607

**New Principal Place of Business:**

2202 N. WEST SHORE BLVD, 5TH FL  
LEGAL DEPT  
TAMPA, FL 33607

**Current Mailing Address:**

2202 N. WEST SHORE BLVD, 5TH FL  
TAMPA, FL 33607

**New Mailing Address:**

2202 N. WEST SHORE BLVD, 5TH FL  
LEGAL DEPT  
TAMPA, FL 33607

FEI Number: 59-3061413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KADOW, JOSEPH J  
2202 N. WEST SHORE BLVD, 5TH FL  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

KADOW, JOSEPH J  
2202 N. WEST SHORE BLVD, 5TH FL  
LEGAL DEPT  
TAMPA, FL 33607 US

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.

SIGNATURE:

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SULIVAN, CHRIS T  
Address: 2202 N. WEST SHORE BLVD, 5TH FL  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Delete  
Name: BASHAM, ROBERT  
Address: 2202 N. WEST SHORE BLVD, 5TH FL  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Delete  
Name: ALLEN, A. WILLIAM III  
Address: 2202 N. WEST SHORE BLVD, 5TH FL  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Delete  
Name: CHU, J. MICHAEL  
Address: 2202 N. WEST SHORE BLVD, 5TH FL  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Delete  
Name: VERDI, MARK  
Address: 2202 N. WEST SHORE BLVD, 5TH FL  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Delete  
Name: NUNNELLY, MARK  
Address: 2202 N. WEST SHORE BLVD, 5TH FL  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH J. KADOW

MANA

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date