

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000826

1. Entity Name  
ROY'S/WESTFLORIDA-I, LIMITED PARTNERSHIP



FILED  
03 FEB -3 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
TAMPA FL 33607

Mailing Address  
2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
TAMPA FL 33607



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3655723

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KADOW, JOSEPH J  
2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
TAMPA FL 33607

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. \$250,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$70,000

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # GP0000000907  
NAME ROY'S/OUTBACK JOINT VENTURE  
STREET ADDRESS 2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
CITY-ST-ZIP TAMPA FL 33607

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 REQUIRED** Joseph J. Kadow, Secretary 01/09/03 (813) 282-1225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *J. Kadow* Date Daytime Phone #

0004583 AV

CP2E003 (10/02)

SIAPLE-GHECK HERE