

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004697 AV

DOCUMENT # A00000001018



1. Entity Name  
ROY'S BUCKHEAD, LIMITED PARTNERSHIP

FILED

03 FEB -3 PM 12: 25

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

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3655586

Applied For

Not Applicable

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. \$35,000

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 # A00000000944  
NAME HAWK PARTNERS, LTD.  
STREET ADDRESS 3355 LENOX ROAD, SUITE 600  
CITY-ST-ZIP ATLANTA GA 30326

STREET ADDRESS

CITY-ST-ZIP

600011620686  
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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: Joseph J. Kadow, Secretary 01/09/03 (813) 282-1225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE.