

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001535

1. Entity Name

ROY'S/EAST ATLANTIC-I, LIMITED PARTNERSHIP

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

4. FEI Number

59-3655591

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

BRAUN, KELLY M

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

7. Name and Address of New Registered Agent

Name

Joseph J. Kadow

Street Address (P.O. Box Number is Not Acceptable)

2202 N Westshore Blvd 5th Fl

City

Tampa

FL

Zip Code

33607

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.

SIGNATURE

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

DATE

4/29/02

9. Capital Contributions
as Shown on record.

\$75,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Joseph J. Kadow, Vice President

Date

Daytime Phone #

4/29/02

FILED
02 MAY -1 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0004546
AV

CR2E003 (9/01)