

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004695  
AV

DOCUMENT # A01000001025

1. Entity Name  
ROY'S/SCOTTSDALE, LIMITED PARTNERSHIP



FILED  
03 FEB -3 PM 12:47  
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 **APPLIED FOR**  
**55-0198345**

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

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

Name **Joseph J. Kadow**  
Street Address (P.O. Box Number is Not Acceptable)  
**2202 N. Westshore Blvd**  
**5th Floor**  
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. 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 **1/9/03**

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  
DOCUMENT # **P99000078607**  
NAME **OS PACIFIC, INC.**  
STREET ADDRESS **2202 NORTH WESTSHORE BLVD., 5TH FLOOR**  
CITY-ST-ZIP **TAMPA FL 33607**

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
**600011620846**  
**02/03/03--01082--025 \*\*342.50**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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

CR2E003 (10/02)

STAPLE CHECK HERE