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SECRETARY OF STALLAHASSFE FL

TRANSMITTAL LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: BONEFISH/WEST FLORIDA	-I, LIMITED PARTNE	ERSHIP	
	me of Limited Partners		
The enclosed Supplemental Affidavit and fee	(s) are submitted for fi	ling.	
Please return all correspondence concerning	this matter to the follow	ving:	
ARIANE MCQUEEN			_
	(Name of Person)		
OUTBACK STEAKHOUSE, INC	C.		<u>-</u>
	(Firm/Company)		·
2202 N WEST SHORE BLVD.,	5TH FLOOR		
	(Address)		
TAMPA, FL 33607			_ 75 G
	(City/State and Zip Code)	公美刀
			器(-3
For further information concerning this matter	er, please call:		SEEF E
ARIANE MCQUEEN	at (_813) 282-1225	8: L
(Name of Person)		Code & Daytime Teleph	none Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

The undersigned general partners of BONEFISH/WEST FLORIDA-I, LIMITED PARTNERSHIP				
a (an) Limited Partnership	, executed this			
supplemental affidavit filed pursuant to section 620.176, Florida Statutes. The t	otal amount of			
the capital contributions of the limited partners allocated for the purpose of trans	sacting			
business in Florida is: \$ 200,000.00.				
Signed this 28th day of APRIL , 2005	<u>.</u>			

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

Joseph Maden MA Secretary of Bonefish Grill, Inc., the sole general Partner Partner & &

FEES:

\$7 per \$1,000 based on the additional contributions (Minimum \$52.50 - Maximum \$1,750.00)

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314