FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 21 AM 8:51

WL 2/26

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001449

1. Entity Name
BONEFISH/WEST FLORIDA-I, LIMITED PARTNERSHIP

300012967943
02/21/03--01094--002 **535.00

Principal Place of Business	Mailing Address
2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA, FL 33607	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 59-3752792 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 2/4/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $75,000.00

10. Amount of Capital Contributions in FLORIDA to date. 125,000

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 #	M01000002197	STREET ADDRESS	
NAME	OSS/BG, LLC		
STREET ADDRESS	2202 NORTH WESTSHORE BLVD., 5TH FLOOR	CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA, FL 33607		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

CR2E003 (10/02)

STAPLE CHECK HERE

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] Robert D. Basham, Manager of OSS/BG, LLC — Date: 2/4/03 — Daytime Phone #: (813) 232-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER