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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: BONEFISH/NORTH FLORIDA-I, LIMITED PARTNERSHIP
(Name of Limited Partnership)
The enclosed Supplemental Affidavit and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ARIANE MCQUEEN
(Name of Person)
OUTBACK STEAKHOUSE, INC.
(Firm/Company)
2202 N WEST SHORE BLVD., 5TH FLOOR
(Address)
TAMPA, FL 33607
TAMPA, FL 33607 (City/State and Zip Code) (City/State and Zip Code)
For further information concerning this matter, please call: ARIANE MCQUEEN at (813) 282-1225
(Name of Person) (Area Code & Daytime Telephone 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/NORTH FLORIDA-I, LIMITED PARTNERSHIP ,
a (an) Limited Partnership, executed this
supplemental affidavit filed pursuant to section 620.176, Florida Statutes. The total amount of
the capital contributions of the limited partners allocated for the purpose of transacting
business in Florida is: \$ 150,000.00.
Signed this, day ofAPRIL
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. General Partner
FLORID
Joseph J. Kadoyk, Vice President - Secretary of

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