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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000490

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

200012968292
02/21/03--01094--010 **272.50

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 — ☒ 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 M 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 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] DATE: 2/4/03

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

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

10. Amount of Capital Contributions in FLORIDA to date. 25,000

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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STAPLE CHECK HERE

CR2E003 (10/02)

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 2/4/03 813-282-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #