Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000102791 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : OUTBACK STEAKHOUSE

Account Number : 072731001666

: (813)282-1225 Phone

Fax Number : (813)281-2114

LP AMENDMENT/RESTATEMENT/CORRECTION

BONEFISH/CENTREVILLE, LIMITED PARTNERSHIP

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$113.75

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

APR 2 8 2008

4/21/2008

https://efilc.sunbiz.org/scripts/efilcovr.exe

EXAMINER

COVER LETTER

Division of C					
	sh/Centreville, Limit			_	
(Na	me of Florida Limited Pa	rmership or Limited Liabili	ty Limited Partnership)	_	
The enclosed Certifi	cate of Amendment a	nd fce(s) are submitted	for filing.		
Please return all corr	espondence concerni	ng this matter to:		c	c
				0	DIAION
Ely Hernandez				∞ >	۲
	(Contact Person)			PR	;
OSI Restaurant Pa	rtners, LLC		•	08 APR 25	9
	(Firm/Company)				3
2202 N West Shore	e Blvd., 5th Floor			R	:
	(Address)			ယ္	:
Tampa, FL 33607				5	
	City, State and Zip Code)				
For further informati	on concerning this m	atter, please call:			
Ely Hernandez		at (813) 282	2-1225		
(Name of Conta	act Person)		aytime Telephone Number)	-	
Enclosed is a check for the following amount:					
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRES	S:	MAILING A	ADDRESS:		
Registration Section		Registration			
Division of Corporations Division of Corporations					
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314					
Tallahassee, FL 323		1 anana5500,	FL 32314		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Bonefish/Centreville, Limited Partner	arsnip		
(Insert name currently on		ment of State)	
Pursuant to the provisions of section 620.1202, imited liability limited partnership, whose certing 4/12/2002, adopts the imited partnership.	ficate was filed with		of State on
This amendment is submitted to amend the following	<u>;</u> ;		
A. If amending name, <u>enter the new name of the</u> here:	limited partnership	or limited liability limited	partnersh
(New name must be distinguis	shable and contain an	acceptable suffix.)	
loceptable Limited Partnership suffixes: Limited Partner	ship, Limited, L.P., LP,	or Lid.	
cceptable Limited Liability Limited Partnership suffixes			LP.
Name of New Registered Agent:		· ·	08 APR
New Registered Office Address:	(Enter Fl	orida street address)	- ×
	(=:::=::	,	
		, Florida	25
	/Cini)		,
	(City)	(Zip Code)	
	(City)		,
New Registered Agent's Signature, if changin		(Zip Code)	
New Registered Agent's Signature, if changing the second the appointment as registered age comply with the provisions of all statutes relative to the familiar with and accept the obligations of my	ng Registered Agen nt and agree to act in to the proper and con	(Zip Code) t: this capacity. I further ag nplete performance of my o	PH 3: 15
hereby accept the appointment as registered age. comply with the provisions of all statutes relative t	ng Registered Agen nt and agree to act in to the proper and con position as registere	(Zip Code) t: this capacity. I further ag nplete performance of my o	ree to duties, an

C.	If amending the general partner(s),	enter the name and	business address of ca	ch general partner being
add	led or removed from our records:			

<u>Title</u>	<u>Name</u>	Address	Type of Action
GP	Bonefish Grill, Inc.	2002 N West Shore Blvd 5th Fl Tampa, FL 33607	Add Remove
<u>GP</u>	Bonefish Grill, LLC	2002 N West Shore Blvd 5th Fl Tampa, FL 33607	Remove
			Add Remove
			_□ Add _ Remove
			Add Remove
			Add Remove
limited partnership	p" status, enter change here:	y limited partnership is amen "Limited Liability Limited Part	
☐ This Limited Pa	artnership hereby removes its "	Limited Liability Limited Partn	ership" status.
(NOTE: If adding or	removing" limited Hability limited po	artnership" status, all general partn	ers must sign this amendment.)
E. If amending any	other information, enter chang	e(s) here: (Attach additional shee	ets, if necessary.)

		·	
Grand Control of the	- Marrow III		

Effective date, if other than the date of filing:	· · · · · · · · · · · · · · · · · · ·
(Effective date cannot be prior to nor more than 90 days after the State.)	e date this document is filed by the Florida Department of
Signature(s) of a general partner or all general par	<u>:tners*:</u>
(*NOTE: Only one current general partner is required to sign the removing a "limited liability limited partnership" election statem	ent. Chapter 620, F.S., requires all general partners to sign
when adding or removing a "limited liability limited partnership"	" alcetion statement.)
	Δ.
Signature(s) of all new or dissociating general part	ner(s), if any:
	/ /-
JOSEPH J. KORON, EVEC. YPF	JUSCON J KODOW, EXECUPASEC.
Sec. of Borghen Chill, Inc.	G CSI POSMUKUNI PLANDO LLC
	LIBLIDA O. BOLMINICILIITE

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75 \$52.50

\$52.50

Page 3 of 3