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03 FEB 21 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000888

1. Entity Name
BONEFISH/TALLAHASSEE, LIMITED PARTNERSHIP

600012969576
02/21/03--01094--011 **272.50

Principal Place of Business	Mailing Address
2202 N. WEST SHORE BOULEVARD 5TH FLOOR TAMPA, FL 33607	2202 N. WEST SHORE BOULEVARD 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 — [X] Applied For [ ] Not Applicable

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

6. Name and Address of Current Registered Agent

KADOW, JOSEPH J
2202 N. WEST SHORE BOULEVARD
5TH FLOOR
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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

9. Capital Contributions as Shown on record. $25,000.00

10. Amount of Capital Contributions in FLORIDA to date. $25,000.00

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 #	P01000082155	STREET ADDRESS	
NAME	BONEFISH GRILL, INC.		
STREET ADDRESS	2202 N. WESTSHORE BOULEVARD	CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA, FL 33307		
DOCUMENT #	P02000064367	STREET ADDRESS	
NAME	PANHANDLE RESTAURANTS, INC.		
STREET ADDRESS	19 SUNSET DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	SUMMIT, NJ 07901		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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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: Joseph J. Kadow, Secretary of Bonefish Grill, Inc 2/4/03 813-282-1225

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