

FILED

03 FEB 21 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A0200001135

1. Entity Name
BONEFISH/GREENWOOD, LIMITED PARTNERSHIP



Principal Place of Business
2202 NORTH WESTSHORE BOULEVARD 5TH FL
TAMPA, FL 33607

Mailing Address
2202 NORTH WESTSHORE BOULEVARD 5TH FL
TAMPA, FL 33607

600012968256
02/21/03--01084--008 **272.50



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
**KADOW, JOSEPH J
2202 NORTH WESTSHORE BOULEVARD 6TH FL
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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable.

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

10. Amount of Capital Contributions In FLORIDA to date: *25,000*

DO NOT MAKE CHECK PAYABLE TO FLA. 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.	CITY-ST-ZIP	
STREET ADDRESS	2202 NORTH WESTSHORE BOULEVARD 6TH FL		
CITY-ST-ZIP	TAMPA, FL 33607		
DOCUMENT #	M02000002045	STREET ADDRESS	
NAME	FISHBUDS OF GREENWOOD LLC	CITY-ST-ZIP	
STREET ADDRESS	11686 OAK TREE WAY		
CITY-ST-ZIP	CARMEL, IN 46032		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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 820, Florida Statutes.

SIGNATURE: _____ *Joseph J. Kadow, 2/4/03 813-282-1225*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Secretary of Bonefish Grill, Inc

STAPLE CHECK HERE

CR2E003 (10/02)