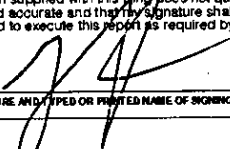


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A02000001200					
1. Entity Name BONEFISH/HYDE PARK, LIMITED PARTNERSHIP					
Principal Place of Business 2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA, FL 33607			Mailing Address 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	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		
KADOW, JOSEPH J 2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA, FL 33607			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 _____					
9. Capital Contributions as Shown on record. \$25,000.00			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 #	P01000082166		STREET ADDRESS		
NAME	BONEFISH GRILL, INC.		CITY-ST-ZIP		
STREET ADDRESS	2202 NORTH WESTSHORE BLVD., 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
DOCUMENT #	F02000003779		STREET ADDRESS		
NAME	HRG INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	609 PALMER COURT		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, KY 41017		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 620, Florida Statutes.					
SIGNATURE: 			Joseph J. Kadow, 2/3/03 813-282-1225 Secretary of Bonefish Grill, Inc.		

STAPLE CHECK HERE

CR2E003 (10/02)