

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

0004718 AV

DOCUMENT # **A02000001475**



1. Entity Name  
**FLEMING'S/BOSTON, LIMITED PARTNERSHIP**

**FILED**

**03 FEB 17 AM 9:06**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**RECEIVED**

Principal Place of Business  
**2202 NORTH WEST SHORE BLVD  
5TH FLOOR  
TAMPA FL 33607**

Mailing Address  
**2202 NORTH WEST SHORE 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

**01-0754728**

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 WEST SHORE 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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$0.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$40,000**

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 # **P99000078837**  
NAME **OS PRIME, INC.**  
STREET ADDRESS **2202 NORTH WEST SHORE BLVD., 5TH FLOOR**  
CITY-ST-ZIP **TAMPA FL 33607**

STREET ADDRESS

CITY-ST-ZIP

**200012597442**  
**02/17/03--01076--002 \*\*377.50**

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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Joseph J. Kadow, Secretary 01/09/03 (813) 282-1225**

**OS Prime, Inc.**

Date

Daytime Phone #