21001

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Division of Corpo

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : QUIBACK STEAKHOUSE

Account Number : 072731001666 : (813)282-1225

Fax Number

(813) 281-2114

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

FPS INDIANA SERVICES, LTD

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$113.75

Electronic Filing Menu

Corporate Filing Menu

Help

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

2/9/2007

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FPS Indiana Services, LTD		
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)		
The enclosed Certificate of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning fl	nis matter to:	
ariane mcqueen		
(Contact Person)	- Proposition of the Mark that the state of the state of	
OSI Restaurant Partners, Inc.	, , , , , , , , , , , , , , , , , , , ,	
(Firm/Company)		
2202 N West Shore Blvd., 5th Floor		
(Address)		
Tampa, FL 33607		
(City, State and Zip Code)		
For further information concerning this matter, please call:		
Ariane McQueen	t (813 282-1225 (Area Code and Daytime Telephone Number)	
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
Enclosed is a check for the following amount:		
	\$105.00 Filing Fee \$\sim \\$113.75 Filing Fee, Certified Copy and Certificate of Status	
	Printing of Dungs	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	MAILING ADDRESS: Registration Section	
Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327	
Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

FPS Indiana Services, LTD	
(Insert name current)	y on file with Florida Department of State)
FIRST: Amendment(s): (Indicate in	nformation being amended, added, or deleted)
The name of the limited partners	
FPS Indiana Services, Limited Pr	armersnip
Department of State.) Signature(s) of a general partner(s)*	than 90 days after the date this document is filed by the Florida ; be a limited liability limited partnership statement, Algeneral
	Par in
105 Prime Inc. January Partn	redamy of Fig. 3.
Signature(s) of new or dissociating	RATE 20
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75