2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001387

1. Entity Name

ISLAND HOUSE RESTAURANT LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12: 06

Principal Place of Business	Mailing Address
975 RABBIT ROAD SANIBEL ISLAND FL 33957	P.O. BOX 167 SANIBEL FL 33957-0167

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0840438 ☐ 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
HARRITY, MARTIN J 1263 ISABEL DRIVE SANIBEL ISLAND FL 33957	Name MARTIN J HARRITY Street Address (P.O. Box Number is Not Acceptable) 1263 ISABEL DR City Sanibel FL Zip Code 33957

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.

SIGNATURE [signature] MARTIN J HARRITY 3/30/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $300,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #	P37869	STREET ADDRESS	
NAME	HARRITY FAMILY CORPORATION		
STREET ADDRESS	1263 ISABEL DRIVE	CITY - ST - ZIP	400003268624--4 -05/26/00--01079--006 ****526.25 ****526.25
CITY - ST - ZIP	SANIBEL ISLAND FL 33957		
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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: [signature] MARTIN J HARRITY 3/24/00 472-5122

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

CR2E003 (11/99)