


# 2001 UNIFORM BUSINESS REPORT (UBR)

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|  |                            |  |                       |
|--|----------------------------|--|-----------------------|
| <b>DOCUMENT # A98000001387</b>   |                            |  |                       |
| <b>1. Entity Name</b><br>ISLAND HOUSE RESTAURANT LIMITED PARTNERSHIP   |                            |  |                       |
| <b>Principal Place of Business</b><br>975 RABBIT ROAD<br>SANIBEL ISLAND FL 33957   |                            | <b>Mailing Address</b><br>P.O. BOX 167.<br>SANIBEL FL 33957-0167   |                       |
| <b>2. Principal Place of Business</b>  |                            | <b>3. Mailing Address</b>  |                       |
| Suite, Apt. #, etc.  |                            | Suite, Apt. #, etc.  |                       |
| City & State   |                            | City & State   |                       |
| Zip  | Country                    | Zip  | Country               |
| <b>6. Name and Address of Current Registered Agent</b><br><br>HARRITY, MARTIN J<br>1263 ISABEL DRIVE<br>SANIBEL ISLAND FL 33957  |                            | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City FL Zip Code |                       |
| <b>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.</b>   |                            |  |                       |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                            |  |                       |
| <b>9. Capital Contributions</b><br>as Shown on record. <b>\$300,000.00</b>   |                            | <b>10. Amount of Capital Contributions</b><br>in FLORIDA to date.  |                       |
| <b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE</b><br><b>SEE REVERSE SIDE FOR FEE INFORMATION</b>   |                            |  |                       |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                            |  |                       |
| <b>12. GENERAL PARTNER INFORMATION</b>   |                            | <b>13. ADDRESS CHANGES ONLY</b>  |                       |
| DOCUMENT #   | P37869                     | STREET ADDRESS   | 300004065073--8       |
| NAME   | HARRITY FAMILY CORPORATION | CITY-ST-ZIP  | 04/24/01-01104-020    |
| STREET ADDRESS   | 1263 ISABEL DRIVE          |  | ****526.25 ****526.25 |
| CITY-ST-ZIP  | SANIBEL ISLAND FL 33957    |  |                       |
| DOCUMENT #   |                            | STREET ADDRESS   |                       |
| NAME   |                            | CITY-ST-ZIP  |                       |
| STREET ADDRESS   |                            |  |                       |
| CITY-ST-ZIP  |                            |  |                       |
| DOCUMENT #   |                            | STREET ADDRESS   |                       |
| NAME   |                            | CITY-ST-ZIP  |                       |
| STREET ADDRESS   |                            |  |                       |
| CITY-ST-ZIP  |                            |  |                       |
| DOCUMENT #   |                            | STREET ADDRESS   |                       |
| NAME   |                            | CITY-ST-ZIP  |                       |
| STREET ADDRESS   |                            |  |                       |
| CITY-ST-ZIP  |                            |  |                       |
| DOCUMENT #   |                            | STREET ADDRESS   |                       |
| NAME   |                            | CITY-ST-ZIP  |                       |
| STREET ADDRESS   |                            |  |                       |
| CITY-ST-ZIP  |                            |  |                       |
| <b>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</b> |                            |  |                       |
| <b>SIGNATURE:</b>   |                            | <b>3/26/01</b> <b>941-4728311</b>  |                       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |                            | Date Daytime Phone #   |                       |

**FILED**  
01 APR 16 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)