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A9900000742 DOCUMENT # FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name S/Y ASSOCIATES, LTD. S. A. D. 25 18 00 APR 17 AHII: 43 Principal Place of Business Mailing Address 6843 MAIN STREET 6843 MAIN STREET MIAMI LAKES FL 33014-2048 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Ant # etc. Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 7. Name and Address of New Registered Agent : *** 6. Name and Address of Current Registered Agent Name YOUNTS, DAVID C Street Address (P.O. Box Number is Not Acceptable) 6843 MAIN STREET MIAMI LAKES FL 33014 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE . 10. Amount of Capital Contributions 9. Capital Contributions \$100.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. P94000082367 DOCUMENT # STREET ADDRESS DON SHULA'S STEAK HOUSES, INC. NAME 6843 MAIN STREET STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY - ST- 7P 05/03/00--01160 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CDY-ST-ZP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-709 DOCUMENT# STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NATE STAGET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied win this filling 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 lighature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership 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 s report as required by Chapter 620, Florida Statutes the receiver or trustee empowered

SIGNATURE:

CITY-ST-ZIF

SIGNATURE AND TYPED OR PRI AGED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)