

B980000000495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

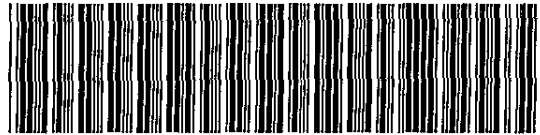
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DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Shula GP, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P98000052040

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Younts  
(Name of person)

Shula's Steak Houses, L.P.  
(Name of firm/company)

6843 Main Street  
(Address)

Miami Lakes, FL 33014  
(City/state and zip code)

For further information concerning this matter, please call:

Roxana Foberg, Controller at ( 305 ) 817-4173  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

November 15, 2002

DAVID YOUNTS  
SHULA'S STEAK HOUSES, L.P.  
6843 MAIN STREET  
MIAMI LAKES, FL 33014

SUBJECT: SHULA'S STEAK HOUSES, L.P.  
Ref. Number: B98000000495

We have received your document for SHULA'S STEAK HOUSES, L.P. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation rather than for a limited partnership. Enclosed is the correct form for your entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 802A00061987

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DIVISION OF CORPORATIONS  
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**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. SHULA'S STEAK HOUSES, L.P.  
Name of the limited partnership

2. 8/3/1998  
Date of filing/registration in Florida

3. B98-000200-495  
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION Service Company  
Name

1201 Hays Street  
Address

Tallahassee, FL 32301-2525  
City, State and Zip


5. The name and address of the new registered agent and/or office:

Patrick C. Barthel Law Offices  
Name

200 S. Biscayne Blvd., Suite 1800  
Florida street address (P.O. Box **not** acceptable)

Miami, FL 33131  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

  
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

  
Signature of Registered Agent

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Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00