

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90254 037 *****55.00

DOCUMENT # L00000016315



1. Entity Name
BONEFISH GRILL OF SARASOTA, LLC

Principal Place of Business Mailing Address
2202 NORTH WESTSHORE BLVD., 5TH FLOOR **2202 NORTH WESTSHORE BLVD., 5TH FLOOR**
TAMPA FL 33607 **TAMPA FL 33607**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **NOT APPLICABLE** Applied For
05-1078521 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KADOW, JOSEPH J
2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **SULLIVAN, CHRIS T**
STREET ADDRESS **2202 NORTH WESTSHORE BLVD., 5TH FLOOR**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **MGR** Change Addition
NAME **Merritt, Robert S.**
STREET ADDRESS **2202 N. Westshore Blvd 5th Fl**
CITY-ST-ZIP **Tampa FL 33607**

TITLE **MGR** Delete
NAME **BASHAM, ROBERT**
STREET ADDRESS **2202 NORTH WESTSHORE BLVD., 5TH FLOOR**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **MGR** Change Addition
NAME **Cooper, John W.**
STREET ADDRESS **2202 N. Westshore Blvd 5th Fl**
CITY-ST-ZIP **Tampa FL 33607**

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **MGR** Change Addition
NAME **Curci, Timothy V.**
STREET ADDRESS **2202 N. Westshore Blvd 5th Fl**
CITY-ST-ZIP **Tampa FL 33607**

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **MGR** Change Addition
NAME **Parker, Christopher L.**
STREET ADDRESS **2202 N Westshore Blvd, 5th Fl**
CITY-ST-ZIP **Tampa FL 33607**

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Robert D. Basham** 1/1/03 (813) 282-1205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)