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

02-21-2003 90018 019 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

55019328

DOCUMENT # L01000001658

1. Entity Name
BONEFISH GRILL OF SAFETY HARBOR, LLC

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

☐ CHECK HERE IF MAKING CHANGES

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 59-3700047 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAUN, KELLY M
2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name: Joseph J. Kadow
Street Address (P.O. Box Number is Not Acceptable): 2202 N. Westshore Blvd. 5th FL
City: Tampa FL Zip Code: 33607

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 ________ 2/4/03
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR COOPER, JOHN W 2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA, FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASHAM, ROBERT D 2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA, FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERRITT, ROBERT S 2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA, FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARKER, CHRISTOPHER L 184 97TH AVENUE, N.E. ST. PETERSBURG, FL 33702	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURCI, TIMOTHY V 2946 HADLEIGH CLEARWATER, FL 34621	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 Manager 2/3/03 (813) 282-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #