2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# M00000000653

Entity Name: OSI/FLEMING'S, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3599793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	ALLEN, A. WILLIAM III	
Address:	2202 N WEST SHORE BLVD, 5TH FLOOR	
City-St-Zip:	TAMPA, FL 33607	
Title:	MGR	( ) Delete
Name:	FLEMING, PAUL M	
Address:	7150 EAST CAMELBACK ROAD, SUITE 239	
City-St-Zip:	SCOTTSDALE, AZ 85251	
Title:	MGR	( ) Delete
Name:	FOX, CURTIS H	
Address:	2202 NORTH WESTSHORE BLVD., 5TH FLOOR	
City-St-Zip:	TAMPA, FL 33607	
Title:	MGR	( ) Delete
Name:	SULLIVAN, CHRIS T	
Address:	2202 NORTH WESTSHORE BLVD., 5TH FLOOR	
City-St-Zip:	TAMPA, FL 33607	
Title:	MGR	( ) Delete
Name:	SCHNEID, NANCY	
Address:	2202 N WEST SHORE BLVD., 5TH FLOOR	
City-St-Zip:	TAMPA, FL 33607	
Title:	VPS	( ) Delete
Name:	KADOW, JOSEPH J	
Address:	2202 N WEST SHORE BLVD, 5HT FLOOR	
City-St-Zip:	TAMPA, FL 33607	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MMBR	(X) Change ( ) Addition
Name:	OS PRIME, LLC,	
Address:	2202 N WEST SHORE BLVD, 5HT FLOOR	
City-St-Zip:	TAMPA, FL 33607	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: A WILLIAM ALLEN, III MGR 03/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date