2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
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:

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

Current Mailing Address:

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

New Mailing Address:

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

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

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:

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

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: _____ 04/15/2009
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:	MMBR	( ) Delete
Name:	OS PRIME, LLC	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JOSEPH J. KADOW MANA 04/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date