

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000653

Entity Name: OSI/FLEMING'S, LLC

FILED
Apr 26, 2010
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
LEGAL DEPT
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
Name: ALLEN, A. WILLIAM III
Address: 2202 N WEST SHORE BLVD, 5TH FLOOR
City-St-Zip: TAMPA, FL 33607

Title: MGR
Name: FLEMING, PAUL M
Address: 7150 EAST CAMELBACK ROAD, SUITE 239
City-St-Zip: SCOTTSDALE, AZ 85251

Title: MGR
Name: FOX, CURTIS H
Address: 2202 NORTH WESTSHORE BLVD., 5TH FLOOR
City-St-Zip: TAMPA, FL 33607

Title: MGR
Name: SULLIVAN, CHRIS T
Address: 2202 NORTH WESTSHORE BLVD., 5TH FLOOR
City-St-Zip: TAMPA, FL 33607

Title: MGR
Name: SCHNEID, NANCY
Address: 2202 N WEST SHORE BLVD., 5TH FLOOR
City-St-Zip: TAMPA, FL 33607

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

I hereby 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

04/26/2010

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