

2002 UNIFORM BUSINESS REPORT (UBR)

0004628 AV

DOCUMENT # A01000000738

1. Entity Name
CARRABBA'S COOL SPRINGS, LIMITED PARTNERSHIP

FILED

02 MAY -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address: **2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607**



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRAUN, KELLY Y
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** State: **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.

SIGNATURE: *[Signature]* **Joseph J. Kadow** DATE: **4/29/02**

9. Capital Contributions as Shown on record: **\$25,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | |
|---------------------------------|--|
| DOCUMENT # | P95000003626 |
| NAME | CARRABBA'S ITALIAN GRILL, INC. |
| STREET ADDRESS | 2202 NORTH WESTSHORE BLVD., 5TH FLOOR |
| CITY-ST-ZIP | TAMPA FL 33607 |
| DOCUMENT # | B01000000191 |
| NAME | RCF/COOL SPRINGS, L.P. |
| STREET ADDRESS | 636 GOOD SPRINGS ROAD |
| CITY-ST-ZIP | BRENTWOOD TN 37027 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | 175.00 |
| STREET ADDRESS | 88.75 |
| CITY-ST-ZIP | 8.75 |
| STREET ADDRESS | 272.50 |
| CITY-ST-ZIP | 2000005538422--4 |
| STREET ADDRESS | -05/16/02--01002--019 |
| CITY-ST-ZIP | ***272.50 ***272.50 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **Joseph J. Kadow**, Vice President DATE: **4/29/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)