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(813) 282-1225

Daytime Phone #

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

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1. Entity Name

SIGNATURE:

CARRABBA'S COOL SPRINGS, LIMITED PARTNERSHIP



Principal Place of Business 2202 NORTH WESTSHORE BLVD.. 5TH FLOOR Mailing Address 2202 NORTH WESTSHORE BLVD., 5TH FLOOR DIVISION OF CORPORATIONS TAMPA FL 33607 **TAMPA FL 33607** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number APPLIED FOR Applied For 59-3722895 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KADOW, JOSEPH J 2202 NORTH WESTSHORE BLVD., 5TH FLOOR Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33607** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$25,000.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record 25,000 in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # P95000003626 CARRABBA'S ITALIAN GRILL, INC. STREET ADDRESS NAME <u>00001190412</u> 2202 NORTH WESTSHORE BLVD., 5TH FLOOR STREET ADDRESS CITY-ST-ZIP TAMPA FL 33607 CITY-ST-ZIF n2/06/03--01029--011 DOCUMENT # B01000000191 STREET ADDRESS RCF/COOL SPRINGS, L.P. NAME 636 GOOD SPRINGS ROAD STREET ADDRESS CITY-ST-7IP **BRENTWOOD TN 37027** CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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 section 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

PED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Lacoup Joseph J. Kadow, Secretary 01/09/03

& Carrabba's Italian Date