

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004427 AV

**DOCUMENT # A01000000994**

1. Entity Name  
**CARRABBA'S/LOUISVILLE, LIMITED PARTNERSHIP**

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

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

**FILED**  
**02 MAY -1 PM 3:22**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

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 M**  
**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** 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 **Joseph J. Kadow** DATE **4/29/02**

9. Capital Contributions as Shown on record. **\$250,000.00**

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 #	<b>P95000003626</b>
NAME	<b>CARRABBA'S ITALIAN GRILL, INC.</b>
STREET ADDRESS	<b>2202 NORTH WESTSHORE BLVD., 5TH FLOOR</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>
DOCUMENT #	<b>B01000000256</b>
NAME	<b>RCF/LOUISVILLE, LP</b>
STREET ADDRESS	<b>636 GOOD SPRINGS ROAD</b>
CITY-ST-ZIP	<b>BRENTWOOD TN 37027</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>800005538418--6</b>
CITY-ST-ZIP	<b>-05/16/02--01002--017</b>
	<b>***535.00 ***535.00</b>
STREET ADDRESS	<b>BK</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: **Joseph J. Kadow, Vice President** DATE **4/29/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CP2E003 (9/01)