2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A 9600001431 CARRABBA'S/ DC-I, LIMITED PARTNERSHIP 01 JUN 21 PM 4: 00 SECRETARY OF STATE Principal Place of Business Mailing Address 2202 N Westshore Blvd. 2202 North Westshore Blvd., 5th Floor 5th Floor Tampa, FL 33607 Tampa, Florida 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3391932 Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kadow, Joseph J Street Address (P.O. Box Number is Not Acceptable) 2202 North Westshore Blvd., 5th Floor Tampa, Florida 33607 Zip Code City 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 117 MAKE CHECK PAYABLE TO DEPTROP STATE BOX SEE REVERSE SIDE FOR FEE INFORMATION 10. Amount of Capital Contributions 9. Capital Contributions 250,000.00 in FLORIDA to date. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION CR2E003 (11/00) DOCUMENT # P95000003626 STREET ADDRESS NAME Carrabba's Italian Grill, Inc. STREET ADDRESS 2202 North Westshore Blvd., 5th F . CITY-ST-ZIP CITY-ST-ZIP Tampa, Florida 33607 DOCUMENT # STREET ADDRESS <u>600004437556--</u> -06/22/01--01079--004 NAME STREET ADDRESS CITY-ST-ZIP <u>****535.00 ****535.00</u> CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT** ≢ STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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

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SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER