2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002454

1. Entity Name

OUTBACK ISLAMORADA RESTAURANT LIMITED PARTNERSHI

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 6:20

Principal Place of Business	Mailing Address
~~550 NORTH REO STREET,~~ SUITE 200 ~~TAMPA FL 33609~~	~~550 NORTH REO STREET, SUITE 200~~ ~~TAMPA FL 33609-1036~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2202 North West Shore Boulevard	2202 North West Shore Boulevard
Suite, Apt. #, etc. 5th Floor	Suite, Apt. #, etc. 5th Floor
City & State Tampa, Florida	City & State Tampa, Florida
33607 Country USA	33607 Country USA

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KADOW, JOSEPH J ~~550 NORTH REO STREET, SUITE 200~~ ~~TAMPA FL 33609~~	Name: Joseph J. Kadow Street Address (P.O. Box Numbers Not Acceptable): 2202 North West Shore Boulevard 5th Floor 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 _____ 2/29/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$25,000.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	J89475 OUTBACK STEAKHOUSE OF FLORIDA, INC. ~~550 NORTH REO STREET, SUITE 200~~ ~~TAMPA FL 33609~~	STREET ADDRESS CITY-ST-ZIP	2202 N. West Shore Blvd., 5th Floor Tampa, Florida 33607
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L98000002414 HOTEL 80, L.C. 4305 NORTHWEST 24TH WAY BOCA RATON FL 37431	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	4/13
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500003219415--6 -04/24/00--01010--030 ****263.75 ****263.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (9/99)

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 REQUIRED 2/29/00 (813) 888-2466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #