2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002454

1. Entity Name

OUTBACK\ISLAMORADA RESTAURANT LIMITED PARTNERSHI

FILED
01 APR -9 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607	2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~APPLIED FOR~~ 59-3543174 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KADOW, JOSEPH J
2202 N. WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE ______________________
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. **$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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	J89475	STREET ADDRESS	400004077254--9
NAME	OUTBACK STEAKHOUSE OF FLORIDA, INC.		-04/25/01--01051--038
STREET ADDRESS	2202 N. WESTSHORE BLVD., 5TH FLOOR	CITY-ST-ZIP	****263.75 ****263.75
CITY-ST-ZIP	TAMPA FL 33607		
DOCUMENT #	L98000002414	STREET ADDRESS	
NAME	HOTEL 80, L.C.		
STREET ADDRESS	4305 NORTHWEST 24TH WAY	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON FL 37431		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS	AR - 175.00	CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	88.75	STREET ADDRESS	
NAME			
STREET ADDRESS	AR SUPP	CITY-ST-ZIP	[illegible]
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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 REQUIRED 3/23/2001 813/282-1225

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

Joseph J. Kadow, Secretary

CR2E003 (11/00)