

2000 UNIFORM BUSINESS REPORT (UBR)

00 JUN 03


DOCUMENT # **A99000000808**

1. Entity Name
CARRABBA'S/ROCKY TOP, LIMITED PARTNERSHIP

Principal Place of Business
**405 NORTH REO STREET, SUITE 210
TAMPA FL 33609**

Mailing Address
**405 NORTH REO STREET, SUITE 210
TAMPA FL 33609-1038**

FILED
00 JUN -2 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
2202 North West Shore Boulevard
Suite, Apt. #, etc.
5th Floor

3. Mailing Address
2202 North West Shore Boulevard
Suite, Apt. #, etc.
5th Floor

City & State
Tampa, Florida
33607

Country
USA

City & State
Tampa, Florida
33607

Country
USA

4. FEI Number
59-3570859

Applied For
☐ Not Applicable

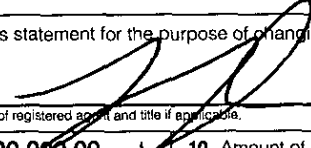
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KADOW, JOSEPH J
550 NORTH REO STREET, SUITE 200
TAMPA FL 33609

7. Name and Address of New Registered Agent
Name
Kadow, Joseph J
Street Address
2202 North West Shore Boulevard
5th Floor
City
Tampa, Florida
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  (NOTE: Registered Agent signature required when reinstating)

DATE
4.13.03

9. Capital Contributions as Shown on record. **\$100,000.00**

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 #	P95000003626	
NAME	CARRABBA'S ITALIAN GRILL, INC.	
STREET ADDRESS	405 NORTH REO STREET, SUITE 210	
CITY - ST - ZIP	TAMPA FL 33609	
DOCUMENT #	B99000000247	
NAME	RCF ROCKY TOP, L.P.	
STREET ADDRESS	543 MIDWAY CIRCLE	
CITY - ST - ZIP	BRENTWOOD TN 37027	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor
CITY - ST - ZIP	Tampa, Florida 33607
STREET ADDRESS	
CITY - ST - ZIP	000003326140--5 07/18/00--01033--005 *****446.25 *****446.25
STREET ADDRESS	
CITY - ST - ZIP	000003326140--5 07/18/00--01033--006 *****88.75 *****88.75
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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE
4.13.03

Daytime Phone #