

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001466**

1. Entity Name  
**CARRABBA'S GREEN HILLS, LIMITED PARTNERSHIP**

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2202 North West Shore Boulevard**  
Suite, Apt. #, etc.  
**5<sup>th</sup> Floor**

3. Mailing Address  
**2202 North West Shore Boulevard**  
Suite, Apt. #, etc.  
**5<sup>th</sup> Floor**

City & State  
**Tampa, Florida**  
33607

Country **USA**

City & State  
**Tampa, Florida**  
33607

Country **USA**

4. FEI Number  
**59-3591789**

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**  
550 NORTH REO STREET, SUITE 200  
TAMPA FL 33609

7. Name and Address of New Registered Agent  
Name **Kadow, Joseph J**  
Street Address (P.O. Box Number is Not Acceptable)  
**2202 North West Shore Boulevard**  
**5<sup>th</sup> 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 **USA**.

SIGNATURE DATE **4.13.00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
DOCUMENT #	<b>P95000003626</b>
NAME	<b>CARRABBA'S ITALIAN GRILL, INC.</b>
STREET ADDRESS	<b>405 NORTH REO STREET, SUITE 210</b>
CITY - ST - ZIP	<b>TAMPA FL 33609</b>
DOCUMENT #	<b>B99000000334</b>
NAME	<b>RCF/GREEN HILLS, L.P.</b>
STREET ADDRESS	<b>543 MIDWAY CIRCLE</b>
CITY - ST - ZIP	<b>BRENTWOOD TN 37027</b>
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	<b>2202 N. West Shore Blvd., 5th Floor</b>
CITY - ST - ZIP	<b>Tampa, Florida 33607</b>
STREET ADDRESS	
CITY - ST - ZIP	<b>200003326182--5</b>
STREET ADDRESS	<b>07/18/00 01033-028</b>
CITY - ST - ZIP	<b>****183.75 ****183.75</b>
STREET ADDRESS	
CITY - ST - ZIP	<b>200003326182--5</b>
STREET ADDRESS	<b>07/18/00 01033-028</b>
CITY - ST - ZIP	<b>****183.75 ****183.75</b>
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** DATE **4.13.00** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)