

**A 99 00000 1466**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000022271.3)))



H130000222713ABCS

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6363

From: Account Name : OUTBACK STEAKHOUSE  
Account Number : 072731001666  
Phone : (813) 282-1225  
Fax Number : 813-387-8393

FILED  
13 JAN 31 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\*

Email Address: karendavis@Bloominbrands.com

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
CARRABBA'S GREEN HILLS, LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$105.00

RECEIVED  
13 JAN 31 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# FAX

**To: FL SOS**  
Company:  
Fax: (850)617-6383  
Phone:

**From:**  
Fax: (813)-387-8393  
Phone: 1393  
E-mail: karendavis@BloominBrands.com

---

FILED  
13 JAN 31 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## NOTES:

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARRABBA'S GREEN HILLS, LIMITED PARTNERSHIP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Karen Davis  
Contact Person

---

Firm/Company

---

2202 N West Shore Blvd., 5th Floor  
Address

---

Tampa, FL 33607  
City, State and Zip Code

---

karendavis@BloomInBrands.com  
E-mail address: (to be used for future annual report notification)

FILED  
 13 JAN 31 AM 8:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Karen Davis at ( 813 ) 282-1225  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee    
  \$61.25 Filing Fee and Certificate of Status    
  \$105.00 Filing Fee and Certified Copy    
  \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
 Registration Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

**MAILING ADDRESS:**  
 Registration Section  
 Division of Corporations  
 P. O. Box 6327  
 Tallahassee, FL 32314

FILED  
13 JAN 31 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

CARRABBA'S GREEN HILLS, LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 09/08/1999, assigned Florida document number A99000001466, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

\_\_\_\_\_  
New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

*(Must be STREET address)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

*(May be post office box)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_ Florida \_\_\_\_\_

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

**D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>GP</u>	<u>RCF/GREEN HILLS, L.P.</u>	<u>636 GOOD SPRINGS RD</u> <u>BRENTWOOD TN 37027</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>Carrabba's Designated Partner, LLC</u>	<u>2202 N West Shore Blvd</u> <u>5th Floor</u> <u>Tampa, FL 33607</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	<u>MOTEL6000 1026</u>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

**(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)**

01/15/2007 11:23

DELL1125

9413462048

#033

Page 01/01

**F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

The term of the Partnership shall be perpetual, unless sooner terminated, liquidated and dissolved in accordance with the terms of the Partnership Agreement.

**Effective date, if other than the date of filing:**

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**Signature(s) of a general partner or all general partners:**

*(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)*

Joseph J. Kadow, Authorized Representative

Carrabba's Italian Grill, GP

Joseph J. Kadow, Authorized Representative

Carrabba's Designated Partner, LLC, GP

**Signature(s) of all new or dissociating general partner(s), if any:**

*Robert C. Frey*

ROBERT C. FREY, Manager

RCF ENTERPRISES, LLC, GP

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75