

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000872

**Entity Name:** OSI RESTAURANT PARTNERS, LLC

**Current Principal Place of Business:**

2202 N. WEST SHORE BLVD, 5TH FL  
LEGAL DEPT  
TAMPA, FL 33607

**Current Mailing Address:**

2202 N. WEST SHORE BLVD, 5TH FL  
LEGAL DEPT  
TAMPA, FL 33607

**FEI Number:** 59-3061413

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KADOW, JOSEPH J  
2202 N. WEST SHORE BLVD, 5TH FL  
LEGAL DEPT  
TAMPA, FL 33607 US

*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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP, AUTHORIZED REPRESENTATIVE  
Name KADOW, JOSEPH J  
Address 2202 N. WEST SHORE BLVD, 5TH FL  
LEGAL DEPT  
City-State-Zip: TAMPA FL 33607

Title CFO  
Name DENO, DAVID J  
Address 2202 N. WEST SHORE BLVD  
5TH FLOOR , LEGAL DEPARTMENT  
City-State-Zip: TAMPA FL 33607

Title US GENERAL COUNSEL, SECRETARY  
Name LEFFERTS, KELLY B  
Address 2202 N. WEST SHORE BLVD, 5TH FL  
LEGAL DEPT  
City-State-Zip: TAMPA FL 33607

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH J. KADOW

**AUTHORIZED  
REPRESENTATIVES**

**04/10/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date