

2016 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 MANAGER
Name SMITH, ELIZABETH A
Address 2202 N. WEST SHORE BLVD, 5TH FL
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 VP, AUTHORIZED REPRESENTATIVE
Name KADOW, JOSEPH J
Address 2202 N. WEST SHORE BLVD, 5TH FL
LEGAL DEPT
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
REPRESENTATIVE**

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date