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DOCUMENT # A000000872 1. Entity Name HOUSTON CATERING, LIMITED PARTNERSHIP					FILE BU3. Tr	
					01 APR -9 AM 9: 25	
				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Pla	ce of Business	Mailing Address			HLLAHASSEE, FLORIDA	
2202 NORTH WESTSHORE BLVD 5TH FLOOR TAMPA FL 33607 2202 NORTH WESTSHORE II TAMPA FL 33607				5TH FLOOR		
				•		
2. Principal Place of Business 3. Mailing Address					T THE HOLY TOWN COUNT CONTAIN CONTAINS CONTAINS CONTAINS CONTAINS (CONTAINS THE NAME OF THE CONTAINS C	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Juite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State City & State					4. FEI Number 654-73 654956 Applied For Not Applicable	
Zip	Country	Zip Count		itry	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	l		7. Name and Address of New Registered Agent	
KADOW, JOSEPH J 2202 NORTH WESTSHORE BLVD., 5TH FLOOR				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FI	L 33607					
				City FL Zip Code		
8. The above	a named entity submits this statement for	or the purpose of changin	g its registere	d office or regis	stered agent, or both, in the State of Florida.	
•	•					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature requ	uired when reinstating)	
9. Capital Co as Shown	ontributions \$25,000.00	10. Amount of C in FLORIDA		butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER	THAT IS A BUSINESS	ENTITY M	UST BE REGI	ISTERED AND ACTIVE WITH THIS OFFICE.	
NOTE: General Partners MAY NOT be changed on the factor of				, an american	ADDRESS CHANGES ONLY	
DOCUMENT #				ET ADDRESS		
NAME Street Address City-St-Zip	OUTBACK CATERING, INC. 2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607		CITY	-ST-ZIP	5000040772357	
DOCUMENT #			STRE	ET ADDRESS	-04/25/0101051033	
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DOCUMENT #			STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
14. I hereby of indicated	Lertify that the information supplied with on this report is true and accurate and	this filing does not qualifithat my signature shall ha	y for the exert	nption stated in the legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information f made under oath; that I am a General Partner of the limited partnership or	
the receiv	er or trustee empowered to execute thi	s report as required by Cl	hapter 620, F	lorida Statutes		
SIGNAT	URE: SIGNAR		CERNI		3/23/2001 813/282-1225	
		PRINTED NAME OF SIGNING GE		1	Date Daytime Phone #	

L Vadow Secretary