


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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AV

<b>DOCUMENT # A00000000905</b>		
1. Entity Name <b>OUTBACK/MARYLAND-I, LIMITED PARTNERSHIP</b>		

FILED  
03 JAN 24 AM 11:48

Principal Place of Business <b>2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607</b>	Mailing Address <b>2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607</b>
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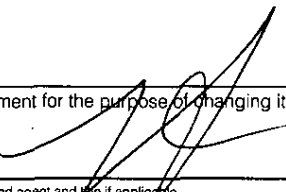
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3654952</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BRAUN, KELLY M 2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607</b>		7. Name and Address of New Registered Agent	
		Name <b>Joseph J. Kadow</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>2202 N. Westshore Blvd., 5th Floor</b>	
		City <b>Tampa</b> <b>FL</b> Zip Code <b>33607</b>	

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/14/03**

9. Capital Contributions as Shown on record. <b>\$75,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>75,000</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>J89475</b>	<b>OUTBACK STEAKHOUSE OF FLORIDA, INC. 2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
DOCUMENT # <b>F0100006626</b>	<b>S.P. URBAN RESTAURANTS, INC. 511 SENECA GREEN WAY GREAT FALLS VA 22066</b>	STREET ADDRESS	<b>500010200285 01/17/03--01090--012 **535.00</b>
NAME		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		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** **Joseph J. Kadow, Secretary** 01/09/03 (813) 282-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **of Outback Steakhouse of** Date Daytime Phone #

CR2E003 (10/02)