## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # A0000001347

1. Entity Name CARRABBA'S/CANTON, LIMITED PARTNERSHIP



Principal Place of Busines	SS		
2202 NORTH WESTSHORE	BLVD	5TH	FLOOR
TAMPA FL 33607			

Mailing Address 2202 NORTH WESTSHORE BLVD.. 5TH FLOOR TAMPA FL 33607 FILED

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DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA



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Suite, Apt	. #, etc.		Suite, Apt. #, e	etc.		DUE BY MAY 1, 2003			
City & Sta	te		City & State		- 1	4. FEI Number 59-3668459 Applied For		Applied For Not Applicable	
Zip		Country	Zip	Cou	ntry	5 Cartificate of Status Decired  \$8.75 Additional			
	6. Name	and Address of Currer	t Registered Agent			7. Name and	Address of New Registered	d Agent	
KADOW, JOSEPH J				Name Street Address (P.O. Box Number is Not Acceptable)					
2202 NORTH WESTSHORE BLVD., 5TH FLOOR									
tampa f	L 33607								
					City	FL Zip Code			
8. The above the obligat	e named entity tions of registe	submits this statement ered agent.	for the purpose of cha	nging its register	ed office or regis	stered agent, or both	n, in the State of Florida. I am	n familiar with, and accept	
SIGNATURE									
6 Ca-it-1 C-		or printed name of registered ager					DATE		
	Contributions which on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO FL. DE SEE REVERSE SIDE FOR FEE INFO								
	A C NOTE:	SENERAL PARTNER General Partners M	THAT IS A BUSINI AY NOT be change	ESS ENTITY Med on the form	IUST BE REG n; an amendm	ISTERED AND A	CTIVE WITH THIS OFFICE to change a general pa	F	
12.	T	GENERAL PARTNE	R INFORMATION	13.			ADDRESS CHANGES OF	NLY .	
DOCUMENT #	CARRABBA'S ITALIAN GRILL, INC.			STR	EET ADDRESS				
NAME					LET ADDITES				
STREET ADDRESS CITY-ST-ZIP  2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607			CITY	'-ST-ZIP					
DOCUMENT # NAME	WIBEL OF CANTON, LIMITED PARTNERSHIP 581 BENNINGTON			STRI	EET ADDRESS	80		`	
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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 AND TYPED OR PRIN

BATED NAME OF SIGNING GENERAL PARTNER &

Ph D. Kadow Societing

(813) 282-1225

Daytime Phone #