2002	UNIFURM BUS	INESS KEPU	n i	(UDN)	_	FILER		
DOCUMENT # A0000001597 I. Entity Name CARRABBA'S/MICHIGAN, LIMITED PARTNERSHIP					OZ MAY -1 AN 10: 36 SECRETARY OF STATE TALLAHASSEE. FLORIDA			
								Principal Place of Business 2202 NORTH WESTSHORE BLVD 5TH FLOOR TAMPA FL 33607 Mailing Address 2202 NORTH WESTS TAMPA FL 33607
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2002			002	
City & State)	City & State	City & State			4. FEI Number 59-3685730 Applied For Not Applicable		
Zip	Country Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New Registered	Agent	
				Name Joseph J Kadow				
BRAUN, KELLY M 2202 NORTH WESTSHORE BLVD., 5TH FLOOR				Street Address	P.Q Box Number	STATE B	Shel 5th FZ	
TAMPA FL 33607								
					inju	FI	- ^z 33607	
3. The above	named entity submits this statement f	or the pulpose of changing its	register			i, in the State of Florida.	1.00	
SIGNATURE _	Signature, typed or printed name of registered ages	and title if applicable.	<u> 105</u>	up MJ k	Kadun	4/09 DATE	100	
9. Capital Contributions as Shown on record. \$250,000.00 10. Amount of Capital C in FLORIDA to date							OR FEE INFORMATION	
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN AY NOT be changed on th	TITY M	UST BE REGIS ; an amendmer	TERED AND A nt must be filed	CTIVE WITH THIS OFFIC I to change a general pa	E. Irtner.	
12. GENERAL PARTNER INFORMATION						ADDRESS CHANGES ON	ILY	
DOCUMENT # NAME STREET ADDRESS	P95000003626 CARRABBA'S ITALIAN GRILL, INC. 2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607 B00000000322			ET ADDRESS -ST-ZIP	·			
CITY-ST-ZIP DOCUMENT#								
NAME STREET ADDRESS	WIBEL OF MICHIGAN, LIMITED PARTNERSHIP			ET ADDRESS	10 80	00005538 -05/16/020	4780 1003016	
CITY-ST-ZIP	TAMPA FL 33607		CITY	-ST-ZiP		****535.00	****535.00	
DOCUMENT #			STRE	EET ADDRESS			,	
STREET ADDRESS CITY-ST-ZIP	-		CITY	-ST-ZIP				
DOCUMENT # NAME			STR	EET ADDRESS				
Street address City-St-Zip			CITY	-ST-ZIP				
DOGUMÈNT#			STR	EET ADDRESS				
STREET ADORESS CITY-ST-ZIP			CITY	-ST-ZIP		······································		
DOCUMENT #			STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			i to 1878);	
	ertify that the information supplied wi	th this filing does not qualify for	the exe	mption stated in Se	ection 119.07(3)(i)	, Florida Statutes, I further ce	ertify that the information	

SIGNATURE: _/

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

IGNATURE:

| Joseph J | Kadow, Vice President | Date | Daytime Phone #