FILED

2003 FEB -6 AM 9: 29

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A0000001773**

1. Entity Name

CARRABBA'S/NEW ENGLAND, LIMITED PARTNERSHIP



Principal Place of Business DIVISION OF CORPORATIONS Mailing Address 2202 NORTH WESTSHORE BLVD., 5TH FLOOR 2202 NORTH WESTSHORE BLVD., 5TH FLOOR ALLAHASSEE, FLORIDA TAMPA FL 33607 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number Applied For 59-3682742 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KADOW, JOSEPH J 2202 NORTH WESTSHORE BLVD., 5TH FLOOR Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33607** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$75,000.00 75,000 as Shown on record in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P95000003626 DOCUMENT # STREET ADDRESS CARRABBA'S ITALIAN GRILL, INC. NAME 2202 NORTH WESTSHORE BLVD., 5TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33607** DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 600011905316 02/06/03--01031--012 **53 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 significure 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 TYPES OF SIGNATURE AND TYPES OF SIGNATURE OF SIGNING GENERAL PARTNER

REQUITIOSEPH J. Kadow, Secretary 01/09/03

ME OF SIGNING GENERAL PARTNER

CANADIA'S THAT

(813) 282-1225

Daytime Phone #

CR2E003 (10/02)