2002 UNIFORM BU	JSINESS REP	ORT (UBR
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DOCUMENT # A0100000951 1. Entity Name CARRABBA'S/CHICAGO, LIMITED PARTNERSHIP			FILED 02 MAY - I AN IO: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
						Principal Place of Business 2202 NORTH WESTSHORE BLVD 5TH FLOOR TAMPA FL 33807 Mailing Address 2202 NORTH WESTSHORE BL TAMPA FL 33607
2. Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1,		/	
City & State City & State			,		Applied For Not Applicable	
Žip	Country	Zip	Cour	ntry	5. Certificate of Status Desired X \$8.75 Fee Rec	Additional quired
	6. Name and Address of Current	t Registered Agent			7. Name and Address of New Registered Agent	-
BRAUN, K	KELLY M			Name OS	ph J. Kadow Roy Number is Not Acceptable) 10 a 1 a	-t. C
2202 NOF	rth westshore BLVD., 5th FL	.00R		1 3553	P.D. Box Number is Not Acceptable) BWG	5h/2
TAMPA FI	L 33607					
		1		City Tar	ma FL Zip	3360
8. The above	named entity submits this statement for	or the purpose of changing it	s register	ed office or register	ed agent, or both, in the State of Florida.	
SIGNATURE _	Signature, typed or printed name of registered agen		<u> </u>	<u> </u>	Kadow 4-29-02	
9. Capital Cor as Shown o	ntributions \$250,000.00	10. Amount of Cap		butions	11. MAKE CHECK PAYABLE TO DEF SEE REVERSE SIDE FOR FEE IN	
					ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.	
12.	GENERAL PARTNE	R INFORMATION	13.	<u>- </u>	ADDRESS CHANGES ONLY	
DOCUMENT #	CARRABBA'S ITALIAN GRILL, INC. 2202 NORTH WESTSHORE BLVD., 5TH FLOOR		CTD	EET ADORESS		<u></u>
NAME STREET ADDRESS CITY-ST-ZIP				(-ST-ZIP	BK	R2E003 (9/01)
DOCUMENT #			STRE	EET ADDRESS		0
STREET ADDRESS CITY-ST-ZIP	EET ADDRESS 581 BENNINGTON		CITY	r-ST-ZIP	<u>200005538472</u> -05/16/0201003- ****535.00 ****	-013 535.00
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CITY-ST-ZIP		N. 0. 4. 60		'-ST-ZIP	1 - 10 OTOVO 51 - 1 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
indicated the receive	certify that the information supplied with on this report is true and accurate and recording the empowered to execute the control of the control of the c	in this ming does not qualify for dithat my signature shall have his report as required by Cha	or the exe the same oter 620	impιion stated in Se e legal effect as if π Florida Statutes	ction 119.07(3)(i), Florida Statutes. I further certify that t ade under oath; that I am a General Partner of the limit	ed partnership or

SUSPENDENT STATES AND TYPE OF PRINTED NAME OF SIGNING GENERAL PARTNER