

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A02000000837**

1. Entity Name
CARRABBA'S/HEARTLAND-I, LIMITED PARTNERSHIP



Principal Place of Business
**2202 NORTH WESTSHORE BLVD.
5TH FLOOR
TAMPA FL 33607**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

2003 FEB - 6 AM 9:40

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	Applied For
Zip	Country	Zip	Country	03-0460287	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KADOW, JOSEPH J
2202 NORTH WESTSHORE BLVD.
5TH FLOOR
TAMPA FL 33607**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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.

DATE

9. Capital Contributions as Shown on record.	\$75,000.00	10. Amount of Capital Contributions in FLORIDA to date.	25,000	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 #	CARRABBA'S ITALIAN GRILL, INC. 2202 NORTH WESTSHORE BLVD. TAMPA FL 33607	STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	000011903985
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	02/06/03--01029--005 **272.50
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DOCUMENT #		STREET ADDRESS	
NAME 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 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

Daytime Phone #

CR2E003 (10/02)