

## **Certificate of Limited Partnership**

**A05000001921**  
**FILED**  
**October 14, 2005**  
**Sec. Of State**  
**gharvey**

Name of Limited Partnership:

OUTBACK/NEW YORK, LIMITED PARTNERSHIP

Business Address of Limited Partnership:

2202 N WEST SHORE BLVD.  
5TH FLOOR  
TAMPA, FL. US 33607

Mailing Address of Limited Partnership:

2202 N WEST SHORE BLVD.  
5TH FLOOR  
TAMPA, FL. US 33607

The name and Florida street address of the registered agent is:

JOSEPH J KADOW  
2202 N WEST SHORE BLVD  
5TH FLOOR  
TAMPA, FL. 33607

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: JOSEPH J KADOW

The latest date upon which the Limited Partnership is to be dissolved is:

10/14/2045

The name and address of all general partners are:

Title: G  
OUTBACK STEAKHOUSE OF FLORIDA, INC.  
2202 N WEST SHORE BLVD, 5TH FLOOR  
TAMPA, FL. 33607 US

The effective date for this Limited Partnership shall be:

10/14/2005

**Affidavit of Capital Contributions  
For Florida Limited Partnership**

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The undersigned constituting all of the general partners of:  
OUTBACK/NEW YORK, LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:  
0.00

The total amount contributed and anticipated to be contributed by the  
limited partners at this time totals:  
0.00

Signed this Fourteenth day of October, 2005

Under the penalties of perjury I (we) declare the I (we) have read the foregoing  
and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: JOSEPH J KADOW, SENIOR VP