

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 25 PM 1:48**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

1. Name of Limited Partnership OUTBACK STEAKHOUSE OF CARROLLWOOD, LTD.	1a. DOCUMENT # A25903
---	--



2. Mailing Address SUITE 200 550 N. REO STREET TAMPA FL 33609		2a. Principal Office Address SUITE 200 550 N. REO STREET TAMPA FL 33609
---	--	---

3. Date Formed or Registered 02/08/1988	5a. Capital Contributions as Shown on record \$117,500.00
3a. Date of Last Report 11/15/1995	5b. Amount of Capital Contributions in FLORIDA to date \$25,000
4. State or Country of Formation FL	6. FEI Number 59-2870805
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent SULLIVAN, CHRIS T. 550 N. REO STREET, SUITE 200 TAMPA FL 33609
--

10. If changed, new Registered Agent/Office Name: Joseph J. Kadow Street Address (P.O. Box Number Is Not Acceptable): 550 North Reo Street Suite, Apt. #, etc.: 200 City: Tampa State: FL Zip Code: 33609
--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE **9/12/96**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) OUTBACK STEAKHOUSE OF FLORID	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 550 N. REO ST., S-200	11b. City, State & Zip Code TAMPA FL	11c. Registration Document Number J89475
--	---	--	--

EXCLUDED FROM PUBLIC ACCESS - 59
 -11/07/95-01095-017
 ***\$13.75 ***\$13.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE **9/12/96**
 Typed or Printed Name of General Partner Signing Form: **Outback Steakhouse of Florida, Inc.**
By: Joseph J. Kadow, Vice President Daytime Telephone Number: **(813) 882-1225**

CR2E003 (6/96)