

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

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership	1a. DOCUMENT # A25904	
OUTBACK STEAKHOUSE OF PALMA CEIA, LTD.		
Mailing Address SUITE 200 550 N. REO STREET TAMPA FL 33609	Principal Office Address SUITE 200 550 N. REO STREET TAMPA FL 33609	
2. Mailing Address	2a. Principal Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Zip	Country

FILED
DIVISION OF CORPORATIONS
96 OCT 25 PM 2:02



BYC 10/25/96

3. Date Formed or Registered 02/08/1988	5a. Capital Contributions as Shown on record \$77,500.00
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 58-2886675
	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SULLIVAN, CHRIS T. 550 N. REO ST., SUITE 200 TAMPA FL 33609	10. If changed, new Registered Agent/Office Name <i>Joseph J. Kadow</i> Street Address (P.O. Box Number Is Not Acceptable) <i>550 North Reo Street</i> Suite, Apt. #, etc. <i>200</i> City <i>Tampa</i> Zip Code FL 33609
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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 FLORIDA	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
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100-1011313-11095-003
11095-003-01095-003
***313.75 ***313.75

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

Outback Steakhouse of Florida, Inc.
By Joseph J. Kadow, Vice President

Typed or Printed Name of General Partner Signing Form

DATE

9/12/96

Daytime Telephone Number

(813) 282-1225