

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 25 PM 1:46



1. Name of Limited Partnership		1a. DOCUMENT # A28462	
OUTBACK STEAKHOUSE OF BRANDON, LTD.			
Mailing Address 550 N. REO STREET, SUITE 200 TAMPA FL 33609		Principal Office Address 550 N. REO STREET, SUITE 200 TAMPA FL 33609	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

3. Date Formed or Registered 06/02/1989	5a. Capital Contributions as Shown on record \$262,500.00
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 59-2948505 <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 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 Zip Code FL 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registered Document Number
OUTBACK STEAKHOUSE OF FLORID	550 N. REO ST. #200	TAMPA FL	J89475

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 _____

Typed or Printed Name of General Partner Signing Form

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

DATE

9/12/96

Daytime Telephone Number **(913) 292-1225**

CR2E003 (6/96)