## 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 SECRETARY OF STATE DIVISION OF CORPORATIONS

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			7 20 001 50	5 PH 2: nn	
1. Name of Limited Partnership	1a. DOCUMEI <b>A31527</b>			100 00 7 25 PM 2: 00	
OUTBACK STEAKHOUSE OF	OCALA, LTD.				
			ns 10/2	V191.	
Mailing Address 550 NORTH REO STREET, SUITE 200 TAMPA FL 33609	Principal Office Address 550 NORTH REO STREET, SUITE 20 TAMPA FL 33609	00	3. Date Formed or Registered 05/09/1991	<b>5a.</b> Carital Contributions as Shown on record \$25,000.00	
			3a. Date of Last Report 11/15/1995	5b. Amount of Capital Contributions of ELORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		#25,000	
Suite, Apt. #, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For  Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Co	ountry		Fec Required  If State (See reverse side for tea information	
TAMPA FL 33609  10a. Pursuant to the provisions of sections 620 1051 a for the purpose of changing its registered office agent. Lam familiar with, and accept the obligations:  SIGNATURE (Registered Agent Accepting Appointment).	and 620 192, Florida Statutes, the above named li or registered agont, or both, in the State of Florida ons of section 620 192, Florida Statutes	Suite, Apl. #, etc.  City  Tamp  mited partnership org  Suct change was a	ganized or registered under the laws of t suffice zed by its general partner(s). Then DATE	reby ancept the appointment of registered $911294$	
MUS	ST BE REGISTERED AND	<b>ACTIVE W</b>	ITH THIS OFFICE.	Decide direct	
11. Name(s) of General Partnor(s)	Address of Each General Pa 11a. (Do NOT Use Post Office Box N		<del></del>	Document Number	
OUTBACK STEAKHOUSE OF FLORID	550 N. REO ST., #200		**************************************	<b>J89475</b> S: S: S: 1\$840 t S: E: Z:	
Note: General partners MAY NO	T be changed on this form;	an amendm	ent must be filed to ch	ange a general partner.	
12 I do hereby certily that the information supplied wit					

12.	I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Fixind a 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 deerned exempt from public access. I further certify that the information indicated or
	this annual report is true and accurate and that my signature shall have the sage figal effects as if made under oath. I further certify that I am a General Partner of the finited purtnership, receiver or trusted.
	empowered to execute this report as required by chargot 620, Flynda Staluff
	empowered to execute this report as required by chargof 620, Flundy Statuter /

SIGNATURE \_

Typed or Printed Name of General Partner **8**19

Earhouse de Florida. Inc.

DATE 9/12/96

Ladow, Vice President Dayine Telephone Number (813)282-1225