

**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

FILLO
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 25 PM 2:00



MC 10/28/96

1. Name of Limited Partnership OUTBACK STEAKHOUSE OF OCALA, LTD.		1a. DOCUMENT # A31527
Mailing Address 550 NORTH REO STREET, SUITE 200 TAMPA FL 33609	Principal Office Address 550 NORTH 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 05/09/1991	5a. Capital Contributions as Shown on record \$25,000.00
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. FE Number 59-3080526	<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 MERRITT, ROBERT S. 550 NORTH 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 FL Zip Code: 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) *[Signature]* 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. Registration/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 *[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) 282-1225**

CR2E003 (6/96)