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

LIMITED PARTNERSHIP ANNUAL REPORT

1997



OUTBACK STEAKHOUSE OF SOUTH FLORIDA, LTD.

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A32508

SECRETARY OF STATE DIVISION OF COMPORATIONS

96 OCT 25 PH 2: 14



				BK 10/24	146		
Maing Address 550 N. REO STREET, SUITE 200 TAMPA FL 33609	Principal Office Address 550 N. REO STREET. SUITE 200 TAMPA FL 33609 2a. Principal Office Address		3.	3. Date Formed or Registered 0 01/27/1992		5a. Capital Contributions as Shown on record	
			3a. Date of Last Report 11/14/1995		5b. An-ount of Capital Contributions in FLORIDA		
2. Mailing Address			4.	4. State or Country of Formation		\$207,500	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6.	59-3111207 Certificate of Status Desired		Applied For Not Applicable	
City & State	City & State		7.			\$8.75 Additional	
Zip Country	Zip	p Country				Fee Required verse side for fee information)	
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office							
BASHAM, ROBERT D. 550 N. REO STREET, SUITE 200 TAMPA FL 33609 10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or reagent. Lam familiar with, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment)	gistered agent, or both, in the State of Flor of section 620 192, Edhida Statutes	Suite, Apt #, etc 2 City The dimited partnerships Such change w	MPA _ p organized vas authorize	ed by its general partner(s) 1 here DATE	FL a State of Fluiday accept the	appointment of reg stered INGS	
A GENERAL PARTNER THAT I MUST	S A CORPORATION, I BE REGISTERED AN	D ACTIVE	WITH	THIS OFFICE.	H BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office B	Partrier ox Numbers) 1	lb.	Crty, State & Zip Code	11c. Registration/ Ducument Number		
OUTBACK STKHSE OF FL,INC	550 N. REO ST., #204		TAMPA FL		J89475		
				800001: -11/01 ****57	993 7960 76.25	7483 1023-016 ****576.25	
Note: General partners MAY NOT							
 I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with s this annual report is true and accurate and that my sign enhowered to execute this report as required by chap 	Section 119.07(3)(k) in the event that the in nature shall have the same legal are cts as	formation supplied	is deen ed e	exempt from public access. I further	er certify that	the information indicated on	

Duthout Steakhouse of Florida, Inc.
Typed or Printed Name of General Partner Signing Form By: Seeph J. Kadow, Lice President

empowered to execute this report as required by chapter 620, Fac

SIGNATURE -

DATE 9/12/96
Daytime Telephone Number (813) 282-1275