FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE DIVISION OF CORPORATIONS

					5 AM 9: 55		
1. Name of Limited Partnership	1a. DOCUMENT # A9300000403				י ני יכי יווי		
OUTBACK STEAKHOUSE OF KENTUCKY, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
550 N. REO STREET. SUITE 200 TAMPA FL 33609	550 N. REO STREET. SUITE 200 TAMPA FL 33609			04/21/1993 3a. Date of Last Report 12/04/1997	\$75,000.00		
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	Contributions in FLORIDA to date:		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			6. FEI Number 59-3169119	Applied For Not Applicable	-	
Zip Country	Zip Country			7. Certificate of Status Desired	\$8.75 Additional Fee Required		
				Make check payable to: Dept. of s	State (See reverse side for fee information	<u>"</u>	
9. Name and Address of Current F	Registered Agent			10. If changed, new Registered	Agent/Office		
KADOW, JOSEPH J		Name	Name				
550 N. REO STREET, SUITE 200		Street Address (P.O. Box Number is Not Acceptable)				\neg	
TAMPA FL 33609	Suite, Apt. #, etc.						
		City			FL Zip Code		
10a. Pursuant to the provisions of sections 620, 1051 and for the purpose of changing its registered office or re- agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	gistered agent, or both, in the State of Flori-					 	
A GENERAL PARTNER THAT	IS A CORPORATION, L BE REGISTERED AN	IMITED D ACTIV	PART E WIT	NERSHIP OR OTHE	R BUSINESS ENTITY		
11. Name(s) of General Partner(s)	11a. Address of Each Genera	l Partner ox Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number		
OUTBACK STEAKHOUSE OF FLORID 550 N. REO STREET, SU		TAMPA FL 33609		IPA FL 33609	J89475	CR2F003 (8/98)	
	MC			500002 -11/24 ****5	6 950258 /98-01027015 26.25 ****526.25	CROE	
	11/6/98						
Note: General partners MAY NOT	be changed on this forn	n; an ame	endme	nt must be filed to cha	ange a general partner.		
12. 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 empowered to execute this report as required by chapter	Section 119.07(3)(k) in the event that the inf lature shall have, this same legal effects as i	formation supplie	ed is deem	ed exempt from public access. I further	certify that the information indicated on	e	
SIGNATURE							
Typed or Printed Name of General Partner Signing Form 1500 V. V. P. of Daytime Telephone Number (813) 282-1225							
Control of the contro	1 2160184046	e - (T)	1 1	- 1		-	