## 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 COMPORATIONS

1. Name of Limited Partnership

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SSO NORTH REO STREET. SUITE 200 TAMPA FL 3909  2. Mailing Address  2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Towns and Address of Current Registered Agent  Name	OUTBACK/MIDWEST-I, LIMITED PARTNERSHIP			111111 1111 1111 1111 1111 1111 1111 1111			
2. Mailing Address 2a. Principal Office Address FL 4. State or Country of Formation FL 59-3333078 Chick Apt. #, etc. 5. Suite, Apt. #, etc. 6. FET Number 59-3333078 Applied State 7. Condition of State of State 5. Suite, Apt. #, etc. 7. Condition of State	550 NORTH REO STREET. SUITE 200 550 NORTH REO STREET.		ITE 200	11/02/1995 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$225,000.00		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  To Conflicate of Status Desired  Suite, Apt. #, etc.  9, Name and Address of Current Registered Agent  Name  KADOW, JOSEPH J  550 NORTH REO STREET, SUITE 200  TAMPA FL 33609  Suite, Apt. #, etc.  City  FL  Zip Crede  To Bo. Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Crede  To Bo. Number is Not Acceptable)  To the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, such nit for the purpose of changing its registered agent, or both, in the State of Florida Statutes agent in an institute with, and accept the diagnations of section 6/01 [92]. Protody Statutes  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION LIMITED PARTNERSHIP OR OTHER BUSINESS  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (ID NOT Use Foot Office Bo. Numbers)  TAMPA FL 33609  J89475					5b. Aniount of Capital Contributions in FEORIDA to date		
City & State  Country  To Contribute of Status Desired Light City Desired of State (Secret/Size Sed to State Country)  8. Make check payable to Desired State (Secret/Size Sed to State Country)  Name  KADOW, JOSEPH J  550 NORTH REO STREET, SUITE 200  TAMPA FL 33609  Suite, Apt. #, etc.  City  To Desired Address (P.O. Bo. Number is Not Acceptable)  Suite, Apt. #, etc.  City  To Desired Address (P.O. Bo. Number is Not Acceptable)  To the provisions of sections 620 1051 and 620 192, Florida Statutes, the above named initied partnership organized or registered and of the State of Florida Statutes agent I am familiar with, and accept the obligations of section 620 192, Florida Statutes  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPOBATION LIMITED PARTNERSHIP OR OTHER BUSINESS MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (p. Norther Each, General Partner)  To Describe Box Numbers (P.O. Bo. Numbers)  To Describe Box Numbers (P.O. Box N	Mailing Address	<b>2a.</b> Principal Office Address	Za. Principal Office Address		Ø		
7. Certificate of Status Desired \$8.75					Applied For Not Applicable		
8. Make check parable to Dest of State (Secrevase side to  9. Name and Address of Current Registered Agent/Office  KADOW, JOSEPH J  550 NORTH REO STREET, SUITE 200  TAMPA FL 33609  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Total 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 Fur dat, such into for the purpose of changing its registered office or registered agent, or both, in the State of Forida Statutes of State of Fur dat, such into for the purpose of changing its registered office or registered agent, or both, in the State of Forida Statutes of State of Fur dat, such into for the purpose of changing its registered office or registered agent, or both, in the State of Forida State of Forida State of Fur dat, such change wasynuthorized by its general purtner(s). Theretay accept the appointment agent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION IMITED PARTNERSHIP OR OTHER BUSINESS MUST BE REGISTED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11. TAMPA FL 33809  J89475	ity & State	City & State				\$8.75 Additional Fee Required	
Name  Street Address (P.O. Bo - Number is Not Acceptable)  TAMPA FL 33609  Suite. Apt. #. etc.  City.  FL  Zip Code  To the purpose of changing its registered office or registered agent, or both, in the State of Fiorida Such change was authorized by its general partner(s). Thereby accept the appointment agent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes.  A GENERAL PARTNER THAT IS A CORPOBATION LIMITED PARTNERSHIP OR OTHER BUSINESS MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (Do NOT Use Post Office Box Numbers)  TAMPA FL 33609  J89475	p Country	Žip					
Name  Street Address (P.O. Bo - Number is Not Acceptable)  TAMPA FL 33609  Suite. Apt. #. etc.  City.  FL  Zip Code  To the purpose of changing its registered office or registered agent, or both, in the State of Fiorida Such change was authorized by its general partner(s). Thereby accept the appointment agent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes.  A GENERAL PARTNER THAT IS A CORPOBATION LIMITED PARTNERSHIP OR OTHER BUSINESS MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (Do NOT Use Post Office Box Numbers)  TAMPA FL 33609  J89475	Q Name and Address of Cur	rent Registered Agent		10 If changed new Begiste	red ApanKiffice		
A GENERAL PARTNER THAT IS A CORPORATION LIMITED PARTNERSHIP OR OTHER BUSINESS  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  OUTBACK STEAKHOUSE OF FLORID  A GENERAL PARTNER THAT IS A CORPORATION LIMITED PARTNERSHIP OR OTHER BUSINESS  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11a. (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registered & Step Code  11c. Poccume  11d. OUTBACK STEAKHOUSE OF FLORID  11d. (Do NOT Use Post Office Box Numbers)  11d. TAMPA FL 33609  J89475	TAMPA FL 33609		Suite, Apt. #, etc.  City  FL  Zip Code				
11. Nanie(s) of General Partner(s)  11a. (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Regis Docume Docume  11c. Regis Docume TAMPA FL 33609  J89475	agent I am familiar with, and accept the obligation of the obligat	tions of section 620.192, Floridy Statutes	LIMITED PA	DAI RTNERSHIP OR OTH	E 9	ppointment of registered しんりし JESS ENTITY	
	······································				11c.	Registration/ Document Number	
800001993598 -11/01/9601017 ****191.25 *****	OUTBACK STEAKHOUSE OF FLORID	550 NORTH REO STR	EET,	TAMPA FL 33609	J89	J89475	
				800001 -11/0 ****	19935 1796-01 191.25	.982 017002 ****191.25	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Too 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)(x). Florida Statutes Tralease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is decribed exempt from public access. If further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effectively indicated under oath. If further certify that I am a General Partner of the firnited partnership receiver or trustee empowered to execute this report as required by chapter 620, Fronda Statutes

SIGNATURE -

dow, Vice President Days me Telephone Number (813) 282 - 1225