

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004721 AV

DOCUMENT # A95000001662

1. Entity Name
OUTBACK/MIDWEST-I, LIMITED PARTNERSHIP



FILED
03 JAN 24 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2202 N. WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

Mailing Address
**2202 N. WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-3333078	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KADOW, JOSEPH J
2202 N. WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$225,000.00	10. Amount of Capital Contributions in FLORIDA to date. 75,000	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	J89475	STREET ADDRESS	
NAME	OUTBACK STEAKHOUSE OF FLORIDA, INC.	CITY-ST-ZIP	
STREET ADDRESS	2202 N. WESTSHORE BLVD., 5TH FLOOR		
CITY-ST-ZIP	TAMPA FL 33607		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			400010200294 01/17/03--01090--013 **535.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **Joseph J. Kadow, Secretary** 01/09/03 (813) 282-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #