

# CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
Mailing Address: Office Box 10349, Tallahassee, FL 32302

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

G. TAX \_\_\_\_\_  
FILING \_\_\_\_\_ 1750.00  
R. AGENT FEE \_\_\_\_\_ 75.00  
2. COPY \_\_\_\_\_ 52.50  
TOTAL \_\_\_\_\_ 1877.50  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY SHW \_\_\_\_\_

WALK-IN Will Pick Up 11-2 1:00

of \_\_\_\_\_ No. 52225  
RE DELETED/REMOVED  
**A95000001664**

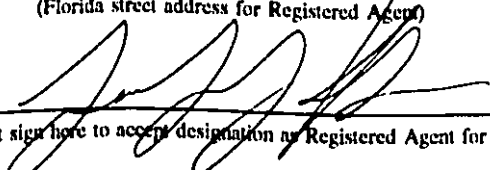
	C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. File		
<input checked="" type="checkbox"/> Corp. Record Search		
<input checked="" type="checkbox"/> Ltd. Partnership File		
<input checked="" type="checkbox"/> Foreign Corp. File		
<input type="checkbox"/> ( ) Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S -		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, _____ Copies		
Courier Service		
Shipping/Handling		
Phone ( ) _____		
Top Priority		
Express Mail Prep.		
FAX ( ) _____ pgs.		
<b>SUBTOTALS</b>		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit Invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

## CERTIFICATE OF LIMITED PARTNERSHIP

1. OUTBACK/BLUEGRASS-I LIMITED PARTNERSHIP  
(Name of Limited Partnership; must contain a suffix such as "Limited," "Ltd.," or "Limited Partnership")
2. 550 North Reo Street, Suite 200, Tampa, Florida 33609  
(Business address of Limited Partnership)
3. JOSEPH J. KADOW  
(Name of Registered Agent for Service of Process)
4. 550 North Reo Street, Suite 200, Tampa, Florida 33609  
(Florida street address for Registered Agent)
5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 550 North Reo Street, Suite 200, Tampa, Florida 33609  
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2036
8. Name(s) of general partner(s): 584475 Street address:  
OUTBACK STEAKHOUSE OF FLORIDA, INC. 550 North Reo Street, Suite 200  
Tampa, Florida 33609

*Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 24th day of October, 19 95.

Signature of all general partners:

OUTBACK STEAKHOUSE OF FLORIDA, INC.  
a Florida corporation, as General Partner

By:



ROBERT D. BASHAM, President

FILED STATE  
SECRETARY OF CORPORATIONS  
NOV - 2 AM 11:48

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

*The undersigned, constituting all of the general partners of OUTBACK/BLUEGRASS-I, LIMITED PARTNERSHIP, a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is \$ -ZERO-.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$250,000.

Signed this 24th day of October, 19 95.

**FURTHER AFFIANT SAYETH NOT.**

*Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

**OUTBACK STEAKHOUSE OF FLORIDA, INC.**  
a Florida corporation, as General Partner

By: 

**ROBERT D. BASHAM, President**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 NOV 2 AM 11:48

FILE ON OR BEFORE DECEMBER 31, 1996 ON PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$800 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Name of Limited Partnership <b>OUTBACK/BLUEGRASS-I, LIMITED PARTNERSHIP</b>		1a. DOCUMENT # <b>A95000001664</b>	
2. New Mailing Address, If Applicable		DO NOT WRITE IN THIS SPACE	
3. Date Formed or Registered to Do Business in FLORIDA <b>11/2/95</b>		3a. Date of Last Report <b>N/A</b>	
4. State or Country of Formation <b>Florida</b>		5. City, State & Zip	
5a. Capital Contributions as Shown on Record <b>\$250,000.00</b> <del>\$225,000</del>		5b. Amount of Capital Contributions in FLORIDA to date <b>\$-0-</b>	
6. FEI Number <b>59-3333076</b>		7. CERTIFICATE OF STATUS REQUIRED <input type="checkbox"/>	
8. FEES: 1. Filing Fee. Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50. 2. Supplemental Fee, \$138.75 (pursuant to section 607.193, F.S.) THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75) Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE		10. If changed, new Registered Agent/Office	
9. Name and Address of Current Registered Agent <b>Joseph J. Kadow 550 North Reo Street, Suite 200 Tampa, Florida 33609</b>		Name Street Address (P.O. Box Number is Not Acceptable) Suite Apt # etc City <b>FL</b> Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.1052 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) _____ DATE _____			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
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
<b>Outback Steakhouse of Florida, Inc.</b>	<b>Suite 200 550 North Reo Street</b>	<b>Tampa, Florida 33609</b>	<b>J89475</b>
7000001757707 -03/26/96--01097--028 ****191.25 ****191.25			
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)(x) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(x) 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 _____		DATE <b>November 3, 1995</b>	
Typed or Printed Name of General Partner Signing Form <b>Outback Steakhouse of Florida, Inc.</b>		Telephone Number <b>(813) 282-1225</b>	

CR2E003 (6/95)