FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



OUTBACK/BUCKEYE-I, LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

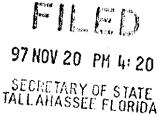
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT#

A95000001665





| | | | 1 | |
|--|--|--|--|--|
| Mailing Address | Principa! Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. |
| 550 NORTH REO STREET, SUITE 200 | 550 NORTH REO STREET. SUITE 200 TAMPA FL 33609 | | 11/02/1995 | #4F0.000.00 |
| TAMPA FL 33609 | | | 3a. Date of Last Report | \$150,000.00 |
| | | | 10/25/1996 | 5b. Amount of Capital Contributions in FLORIDA |
| 2. Mailing Address | 29 Dringing Office Address | 2a. Principal Office Address | | to date: |
| E Maining Address | Za. Filicipal Office Address | ada i ililopai oliloo Addibas | | 150000 |
| Sulte, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | f) |
| City & State | City & State | City & State | | Applied For Not Applicable |
| | | | | \$8.75 Additional Foc Required |
| Zip Country | Zip | Zip Country | | State (See reverse side for fee Information) |
| | | | | |
| 9. Name and Address of Current Registered Agent | | | 10. If changed, new Registered Agent/Office | |
| KADOW, JOSEPH J | | Name | | |
| 550 NORTH REO STREET, SUITE 200 TAMPA FL 33609 | | Street Address (P.O. Box Number Is Not Acceptable) | | |
| | | Suite, Apt. #, etc. | | |
| | | City | | FL 7ip Code |
| 10a. Pursuant to the provisions of sections 620.1051 at for the purpose of changing its registered office o agent. I am familiar with, and accept the obligation | r registered agent, or both, in the State of FI | ned limited partner. Iorida, Such chang | ship organized or registored under the laws of the laws of the was authorized by its general parther(s). I her | ne State of Florida, submits this statement by accopt the appointment of registered |
| SIGNATURE (Registered Agent Accepting Appointment) | | | DATE | |
| A GENERAL PARTNER THAT MUS | IS A CORPORATION, T BE REGISTERED AN | LIMITED I | PARTNERSHIP OR OTHE E WITH THIS OFFICE. | R BUSINESS ENTITY |
| 11. Namo(s) of General Partner(s) | 11a. Address of Each Gone (Do NOT Use Fost Office E | ral Partner Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
| OUTBACK STEAKHOUSE OF FLORID | 550 NORTH REO STREET, | | TAMPA FL 33609 | J89475 |
| | | | 600002: -12/02 #***\$5 | 2603560 79701031025 11.25 ****\$41.25 |
| | | | BK 11 | 120/91 |

SIGNATURE .

this annual report is true and accurate and that my signature s

empowered to execute this report as required by

Joseph J. Kadow, Vice President

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do horeby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of

Corporations from any liability of non-compliance with Section 119.07(3/0) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on

Daytime Telephono Number

e same logal offects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

11/11/97 813/282-1225