

2001 UNIFORM BUSINESS REPORT (UBR)

1138-25

DOCUMENT # A95000001665 OUTBACK/BUCKEYE-I, LIMITED PARTNERSHIP				FILED 01 APR 24 AM 9:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE	
Principal Place of Business		Mailing Address			
2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607		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		4. FEI Number	
				59-3333080	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KADOW, JOSEPH J 2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607			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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. Capital Contributions as Shown on record. 150,000		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO: DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: _____			3/23/2001		813/282-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #