A95000001812

CAPITAL CONNECTION, INC.
417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

FILE: OUTBACK/BLUEBAES-11, L.P.

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 $ _____

		C.C. FEE.	DISBURSED
____	Capital Express℠		
____	Art. of Inc. File		
____	Corp. Record Search		
✓	Ltd. Partnership File		
____	Foreign Corp. File		
✓	( ) Cert. Copy(s)		
____	Art. of Amend. File		
____	Dissolution/Withdrawal	200001648312 -11/29/95--01026--010	
____	C U S	****262.50	****262.50
____	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.		
SUBTOTALS			

FILED
95 NOV 27 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FF - $175.00
LA - 35.00
CC - 52.50

11-27-95a

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

DIVISION OF CORPORATION

RECEIVED
95 NOV 27 PM 12:13

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY			

WALK-IN 11/27 2:00
Will Pick Up

Please remit invoice number with payment
TERMS: [illegible] 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

11-2320-7 POWERS INC., THOMASVILLE, GA.

A95000001812

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95 NOV 27 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. OUTBACK/BLUEGRASS-II, 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):

	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 17th day of November, 19 95.

Signature of all general partners:

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

By: _____
ROBERT D. BASHAM, President

FILED
95 NOV 27 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of OUTBACK/BLUEGRASS-II, 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 $25,000.

Signed this 17th day of November, 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

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE

A95000001812

FILED
95 DEC 29 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

OUTBACK/BLUEGRASS-II, LIMITED PARTNERSHIP

1a. DOCUMENT # A95000001812

Mailing Address
Suite 200
550 North Reo Street
Tampa, Florida 33609

Principal Office Address
Suite 200
550 North Reo Street
Tampa, Florida 33609

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address if Applicable
Suite, Apt. # etc
City, State & Zip

2a. New Principal Office Address
Suite, Apt. # etc
City, State & Zip

000001677490
01/03/96--01124--005
****191.25 ****191.25

3. Date Formed or Registered to Do Business in FLORIDA 11/27/95

3a. Date of Last Report N/A

4. State or Country of Formation Florida

6. FEI Number N/A

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

5a. Capital Contributions as Shown on Record. $25,000

5b. Amount of Capital Contributions in FLORIDA to date $-0-

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 $570.25 ($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.

9. Name and Address of Current Registered Agent

Joseph J. Kadow
550 North Reo Street, Suite 200
Tampa, Florida 33609

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc
City FL Zip Code

10a. 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 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 _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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
Outback Steakhouse of Florida, Inc.	Suite 200 550 North Reo Street	Tampa, Florida 33609	J89475

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)(i), Florida Statutes. I release the Division of Corporations from any liability for compliance and that my signature shall have the same legal effects as if made under oath; 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 November 29, 1995

Typed or Printed Name of General Partner Signing Form Outback Steakhouse of Florida, Inc. Telephone Number (813) 282-1225

CR2E003 (6/95)