

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

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 \$ _____

FF- \$175.00
 RA- 35.00
 CC- 52.50

11-27-95a

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____
 BY DC CK No. _____

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

RE: OUTBACK/BLUESKAPES-11

L.P.

	C.C. FEE	DISBURSED
Capital Express SM		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
() 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.		
SUBTOTALS		

200001648312
 -11/29/95-01026-010
 \$\$\$262.50 \$\$\$262.50

FILED
 1995 NOV 27 PM 12:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

RECEIVED
 95 NOV 27 PM 12 13

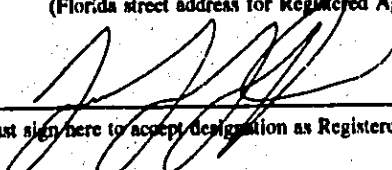
Please remit Invoiced number with payment
 TERMS: 10 DAYS FROM INVOICE DATE
 1 1/2 % p.m. month on Past Due Amounts
 Pat. 30 Days. 10% per Annum.

THANK YOU
 from
 Your Capital Connection

A95000001812

CERTIFICATE OF LIMITED PARTNERSHIP

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

1. OUTBACK/BUEGRASS-IL 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):
OUTBACK STEAKHOUSE OF FLORIDA, INC.
Street address:
550 North Reo Street, Suite 200
Tampa, Florida 33609

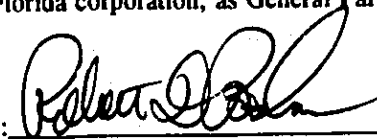
Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

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

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

FILED
1995 NOV 27 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The amount of capital contributions to date of the limited partners is : —ZERO—

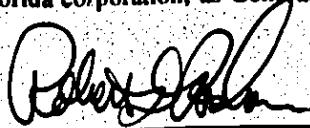
The total amount contributed and anticipated to be contributed by the limited partners at this time totals
\$25,000.

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

DOCUMENT #

1a. A95000001812

1. Name of Limited Partnership

OUTBACK/BLUEGRASS-II, LIMITED PARTNERSHIP

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

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

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)

**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)

Outback Steakhouse of
Florida, Inc.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

Suite 200
550 North Reo Street

11b. City, State & Zip Code

Tampa, Florida 33609

11c. Registration/
Document Number

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)(k), Florida Statutes. I release the Division of Corporations from any liability for compliance with Section 119.07(3)(k) 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, partner or trustee empowered to execute this report.

SIGNATURE

Typed or Printed Name of General Partner Signing For: Outback Steakhouse of Florida, Inc.

DATE November 29, 1995

Telephone Number (813) 282-1225

CR2E003 (6-95)