

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 25 AM 11:15



B/K 10/28/96

1. Name of Limited Partnership
1a. DOCUMENT #
A95000001812

OUTBACK/BLUEGRASS-II, LIMITED PARTNERSHIP

Mailing Address
550 NORTH REO ST.
STE. 200
TAMPA FL 33609
Principal Office Address
550 NORTH REO ST.
STE. 200
TAMPA FL 33609

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

3. Date Formed or Registered
11/27/1995
3a. Date of Last Report
12/29/1995
4. State or Country of Formation
FL
5a. Capital Contributions As
Shown on record
\$25,000.00
5b. Amount of Capital
Contributions in FLORIDA
to date
0
6. FEL Number
-APPLIED FOR
SA-3346424
7. Certificate of Status Desired
8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
KADOW, JOSEPH J
550 NORTH REO ST.
STE. 200
TAMPA FL 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 FLORID	550 NORTH REO ST., ST	TAMPA FL 33609	J89475
300001993613--4 -11/01/96--01017--017 ****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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-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 effect 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
Typed or Printed Name of General Partner Signing Form
Outback Steakhouse of Florida, Inc.
By: Joseph J. Kadow, Vice President
Daytime Telephone Number (813) 282-1225
DATE 9/12/96

CR2E003 (6/96)