

CAPITAL CONNECTIONS 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

A95000001814

RE: DOTBACK/NUDUBST-
IL, 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 \$ _____

FF - \$175.00
 RA - 35.00
 CC - 52.50

11-27-95

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

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

11-2285-7 FORDEN'S INC., THOMASVILLE, GA

Capital ExpressSM _____
 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 _____
 Filioious Name File _____

Name Reservation _____
 Annual Report/Reinstatement _____
 Reg. Agent Service _____
 Document Filing _____

Corporate KH _____
 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 _____

FEE _____

DISBURSED _____

SURCHARGE _____

TAX on corporate supplies _____

SUBTOTAL _____

PREPAID _____

BALANCE DUE _____

Please remit invoice number with payment
 TERMS: NET 15 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

FILED
 1995 NOV 27 PM 12:55
 SECRETARY OF STATE
 TALAHASSEE, FLORIDA

RECEIVED
 95 NOV 27 PM 12:19
 DIVISION OF CORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

1. OUTBACK/MIDWEST-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. [Signature]
(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:

[Signature]
ROBERT D. BASHAM, President

FILED
1995 NOV 27 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A95000001814

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

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

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

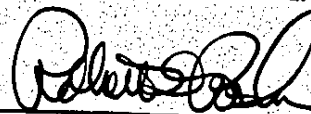
The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$25,000.

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

FILED
1995 NOV 27 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001814

OUTBACK/MIDWEST-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

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

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

6. FEI Number
N/A

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

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 620.102, 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 620.102, 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)(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 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 (8/95)