FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



OUTBACK/HEARTLAND-II, LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

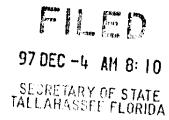
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

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1a. DOCUMENT # **A9500001819**



3. Date Formed or Registered



5a. Capital Contributions as

SSO NORTH RED ST. SSIDE, April 4, etc. City & State So North RED ST. SSO NORTH RED ST. SSE ADD STATE ST. SSE ADD STATE ST. SSE ADD STATE ST. SSE ADD STATE ST. SSO NORTH RED ST. SSE ADD STATE ST. SSO NORTH RED ST. SSE ADD STATE S	Mailing Accress	STE. 200				Shown on record.	
TAMPA FL 39009 TAMPA FL 39000 TAMPA FL 39009 TAMPA FL 39009 TAMPA FL 39009 TAMPA FL 39000 TAMPA FL 39009 TAMPA FL 39009				11/27/1995	\$25,000.00		
2. Mailing Address 3. Suite, Apt. #, etc. 4. State or Country of Formation FL 4. State or Country of Formation FL 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 7. Certiscale of Strikus Decired or State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 8. Make check-payable to Dept of State (Sac reverse size for for information) 9. Make check-payable to Dept of State (Sac reverse size for for information)				3a. Date of Last Report			
2. Mailing Address 28. Principal Office Address Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. City & State City & State City & State Country 70 Country 70 Country 70 Country 70 Country 70 Country 70 Country 8. Make check payable to Dept of State State Seated payable to Dept of State (Size reviews size for fee Information) Name City & State 10. If changes, new Registered Agent/Office Registered Agent/Office Name Name Name Name Name City FL Zip Code TAMPA FL 338099 10a. Pursuant to the provision of sections 670 10c3 and 670 180 1 series Status; the above named dimited partnership organized under the Bayes of this State of Florids, saluries the state of Florids. Such change was auditarized by its general partnership in requirement of sections of the purpose of changing is registered of section 5 state (57 10c) fired State (State State State Agent Acceptable) 10a. Pursuant to the provision of sections 670 10c) and 670 180 1 series State of Florids. Such change was auditarized by its general partnership in such performance of sections of 10c of the purpose of changing Agent Acceptable of State (State State S	TAMPA FL 33809	TAMPA FL 33609		10/25/1996	5b. Amount of Capital		
28. Principal Office Address 29. Findings Office Address FL Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. City & State City & State City & State Country 7-0 Country 7-0 Country 7-0 Country 7-0 Country 8. Make check payable to Dept of State (See reviews able for fee Indomation) RADOW, JOSEPH J 550 NORTH RED ST. Site 200 TAMPA FL 338099 100. I changed new Registered Agent/Office Sulfe, Apt. #, etc. City FL 7-0 Code TAMPA FL 338099 100. Present to the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change was authorized by its general partner(s) + horizity accept the appointment of registered agent and florid submission. 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) 112. Registratory 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) 112. Registratory MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 113. Name(s) of General Partner(s) 114. (bo NOT) Use Post Office Rev Nameors) 115. Cyr, State S 7p. Cude 116. Pegistratory 117. Pegistratory 117. TAMPA FL 33809 J89475 SUPP U. 7. 7. 7. 1040—0.03 ******175.00 ******175.00 ******175.00				4. State or Country of Formation	to da	le:	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country B, Name and Address of Current Registered Agent TO, if changes, new Begistered Agent/Office Name Name Name Name Name Name State Address (P.O. Box Number is Not Acceptable) To Not Acceptable To Date Is a state (Box Number is Not Acceptable) State Address (P.O. Box Number is Not Acceptable) State Address of the State (Box Number is Not Accep	2. Malling Address	2a. Principal Office Address			15000		
City & State City & State Country Typ Typ Typ Typ Typ Typ Typ T	Suite, Apt. #, etc.	Suite, Apt. #, etc.			<u></u>	P -L	
To Country Typ Country Typ Country Typ Country Typ Country Typ Typ Typ Typ Typ Typ Typ T				E0-3346433			
Zip Country 7-p Country 8. Make check payable to Dept of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office KADOW, JOSEPH J 550 NORTH REO ST. STE. 200 TAMPA FL 33809 10a. Pursuant to the provisions of sections 620 1001 and 620 102 Florida Statutes, the above-named limited partnership organized under the laws of the State of Florida, such change was sufficiented by the general partner(s). Hearthy accept the suproinfuent of registered spent. I am familiar with, and accept the obligations of section GO 197. Florida Statutes of Provide State of Provide St	City & State	City & State					
8. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office KADOW, JOSEPH J 550 NORTH REO ST. SITE. 200 TAMPA FL 33609 10a. Pursuant to the provisions of sections 620 1001 and 620 182. Florida Statutes, the above-hained limited partnership organized by rising general partnership of changing its registered office or registered office or rotations of sections 620 1001 and 620 182. Florida Statutes, the above-hained limited partnership organized or registered under the faws of the State of Florida, submits this statement of the purpose of changing its registered discored the objective of sections of 1907. 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) 11a. (and trius per office flow Northberg) 11b. City, State 8. 7to, Code 11c. (Registratory December Number Northberg) 3 45 92 83 84 8 8 103 75 8 8 8 8 8 8 103 75 8 100 8	Zio Country	Z ₁ D C	Zin Country		\$8.75 Additional Fee Required		
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Steet Address (P.O. Box Number Is Not Acceptable) Date DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(e) of General Partner(s) 11a. Address of Each General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, Stato & 7tp Code 11c. Registration/ Document Number OUTBACK STEAKHOUSE OF FLORID 550 NORTH RED ST., ST TAMPA FL 33609 J89475 PART 175.00 *******103.75 *******103.75 *******103.75 *******103.75 ********103.75 *********103.75 ***********************************	9, Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
Steed Address (P.O. Box Number Is Not Acceptable) Steed Address (P.O. Box Number Is Not Acceptable) Suile, 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), it hereby accept the approximent of registered agent. I am familiar with, and accept the obligators of section 620 192. Florida Statutes. SIGNATURE (Registered Agon 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(e) 11a. (Ados of Each General Partner(e)) 11b. City, State & Zip Code 11c. (Registrator) Document Number OUTBACK STEAKHOUSE OF FLORID 550 NORTH REO ST., ST TAMPA FL 33609 J89475 SUPP 1/3 . 75 *******103. 75 *******103. 75 *******103. 75 *******103. 75 *******103. 75 ********103. 75			Name				
STE. 200 TAMPA FL 33609 TOA. Pursuant to the provisions of sections 620 1051 and 620 182. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, such in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, 1 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) 11a. (Do NOT Use Post Office Box Numbers) TAMPA FL 33609 J89475 OUTBACK STEAKHOUSE OF FLORID 550 NORTH REO ST., ST TAMPA FL 33609 J89475 SUPP 1 0 3 . 75 ******103.75 ******103.75 ******103.75	I Street Add		Street Address (P	ress (P.O. Box Number Is Not Acceptable)			
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R2E003 (6/97)

DATE 11/11/97

event that the information supplied is deemed exempt from public access. Hurther certify that the information indicated on a legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Tuned or Printed Name of General Partner Staning Form

SIGNATURE

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the this annual report is true and accurate and that my signature shall have by sayler

Joseph J. Kadow, Vice President

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

813/282-1225