___ of ___

CAPITAL CONNECTION, INC.
417 E. Virginia ... Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address ... P.O. Box 10349, Tallahassee, FL 32302

A95000001880

RE: OUTBACK / BAYOU-T, LIMITED PARTNERSHIP

NAME ____
FIRM ____
ADDRESS ____

PHONE ( ) ____

Service: Top Priority One Day Service ____ Regular 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		
	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		

FILED
95 DEC -7 PM 1:17
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED
95 DEC -7 AM 11:33
DIVISION OF CORPORATIONS

800001660308
-12/12/95--01106--008
****962.50 ****962.50

BK 12/7/95

C. TAX	875.00
FILING	35.00
R. AGENT FEE	52.50
C. COPY	
TOTAL	962.50
N. BANK	
BALANCE DUE	
REFUND	

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

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			
BY	DC		CK No.

WALK-IN
Will Pick Up 12/7 1:00

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

CERTIFICATE OF LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -7 PM 1:17

1. OUTBACK/BAYOU-I, 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. J89475	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 5th day of December, 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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -7 PM 2:18

The undersigned, constituting all of the general partners of OUTBACK/BAYOU-I, 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 $125,000.

Signed this 5th day of December, 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
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC 29 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT # A95000001880

96-AR

OUTBACK/BAYOU-I, LIMITED PARTNERSHIP

CM

Mailing Address	Principal Office Address
Suite 200 550 North Reo Street Tampa, Florida 33609	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, If Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
12/7/95	N/A	Florida

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number		7. CERTIFICATE OF STATUS REQUIRED
$125,000	$-0-	Applied For	X Applied For Not Applicable	☐ [redacted]

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 $576.25 ($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	10. If changed, new Registered Agent/Office
Joseph J. Kadow 550 North Reo Street, Suite 200 Tampa, Florida 33609	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

400001674724
-01/02/96--01025--005
****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 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 December 15, 1995

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

CR2E003 (6/95)