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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# 1a.

ALTO COMPANY

97 NOV 20 PH 4: 14

SECRETARY OF STATE TALLAHASSEE FLORIDA

UTBACK/BAYOU-I, LIMITED	PARTNERSHIP					
	OUTBACK/BAYOU-I, LIMITED PARTNERSHIP					
falling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record		
550 NORTH REO STREET. SUITE 200 'AMPA FL 33609	550 NORTH REO STREET. SUITE 200 TAMPA FL 33609		12/07/1995 3a. Date of Last Report		\$125,000.00	
2. Mailing Address	2a. Principal Office Address		10/25/1996 4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3392981	Applied For		
City & State Zip Country	City & State Zip Country		7. Certificate of Status Dosired		Not Applicable \$8.75 Additional Fee Required	
			8. Make check payable to Dopt of State (Soo reverse side for foe informat			
9. Name and Address of Curre	nt Registered Agent		10. If changed, new Registere	d Agent/Office		
TAMPA FL 33809 10a. Pursuant to the provisions of sections 620.1051 a for the purpose of changing its registered office diagent. I am familiar with, and accept the obligation of the purpose of changing the registered of the purpose of changing approximately agent. I am familiar with, and accept the obligation of the purpose of the pu	or registered agent, or both, in the State of Florid ans of section 620 192, Florida Statutes.	da Such change was au	uthorized by its general partner(s). I her DATE FNERSHIP OR OTHE	eby accept the	appointment of registered	
Namo(s) of General Partner(s)	11a. Address of Each Gonoral F (Do NOT Use Post Office Rox	Postore	Cily, State & Zip Code	11c.	Registration/ Document Number	
OUTBACK STEAKHOUSE OF FLORID	550 NORTH REO STREET,		####5	361 /3701 41.25	475 481 0 106012 ****\$541.25	
				1		

this annual roport is true and accurate and that my signature yearly finance logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by charler capitally see the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by charler capitally seed to the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee.

SIGNATURE.

Typed or Printed Name of General Park

Joseph J. Kadow, Vice President

DATE

813/282-1225 Daytime Telephone Number

11/11/97