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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARIMENT OF STATE

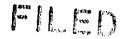
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A95000001881** 

## OUTBACK/BAYOU-II LIMITED PARTNERSHIP



97 NOV 20 PM 4: 15

SECRETARY OF STATE TALLAHASSEE FLORIDA



			<b>.</b>		
Malling Address  550 NORTH REO STREET, SUITE 200 TAMPA FL 33809	ORTH REO STREET, SUITE 200 550 NORTH REO STREET, SUITE 200		3. Date Formed or Registered     12/07/1995     3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$225,000.00	
			10/25/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in Ft ORIDA to date:	
2. Mailing Address	2a. Principal Office Address		FL FL	225000	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		<b>59-3270373 7.</b> Cortificate of Status Desired	Not Applicable  \$8.75 Additional Fee Regulred	
Zip Country	Zip Country		8. Make check payable to: Dopt. of	Fee Required State (See reverse side for fee informatic	
9. Name and Address of Current Registered Agent			10. If changed, now Registered Agent/Office		
KADOW, JOSEPH J 550 NORTH REO STREET, SUITE 200 TAMPA FL 33609		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
		City FL Zip Code			
for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT MUS	s of section 620 192, Florida Stalutes.	IMITED PA	DATE RTNERSHIP OR OTHE		
11. Name(s) of Goneral Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	Partner (111	City, State & Zip Code	11c. Registration/ Document Number	
OUTBACK STEAKHOUSE OF FLORID	550 NORTH REO STREET,		TAMPA FL 33609	J89475	
			0000023 ****54 BK 1	1 2 1 97 1 2 1 97 1 25 *****541.25	
Note: General partners MAY NOT				<del> </del>	

12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and doos not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. Trelease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in it event that the information supplied is doesned exempt from public access. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the safe legal 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 chapter 64). Florid flagous, and the safe is a first safe and accurate and that my signature shall have the safe legal 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 chapter 64). Florid flagous, it is not safe to the exemption of the limited partnership and the safe to the exemption of the limited partnership.

SIGNATURE ....

Typed or Printed Name of General Partner Signing F

Joseph J. Kadow, Vice President

Daytimo Telephone Number

813/282-1225

11/11/97