of

CAPITAL CONNECTION, INC.
417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address ... P.O. Box ... Tallahassee, FL 3...
FAX (904) 222-1222

A45000001882

RE: [illegible] 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 $ ______

OK 12/7/95

C. TAX	1750.00
FILING	35.00
R. AGENT FEE	52.50
C. COPY	
TOTAL	1837.50
N. BANK	
BALANCE DUE	
REFUND	

	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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -7 PM 4:23

200001660312
-12/12/95--01106--010
***1837.50 ***1837.50

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

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	NC		

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

Please remit invoice number with payment
TERMS: NET 10 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

11-2520-7 FORDERS INC., THOMASVILLE, GA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -7 PM 1:23

CERTIFICATE OF LIMITED PARTNERSHIP

1. OUTBACK/CLEVELAND-1, 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):

Name(s) of general partner(s):	Street address:
OUTBACK STEAKHOUSE OF FLORIDA, INC.	550 North Reo Street, Suite 200 Tampa, Florida 33609
J89475	

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -7 PM 1:23

The undersigned, constituting all of the general partners of OUTBACK/CLEVELAND-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 $400,000.

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 # A95000001882

OUTBACK/CLEVELAND-I, LIMITED PARTNERSHIP

96-AR
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	Applied For / Not Applicable	**7.** CERTIFICATE OF STATUS REQUIRED ☐
$400,000	$-0-	59-3177208		[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

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 620.192, 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

600001674726
-01/02/96--01025--006
****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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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)