

CAPITAL CONNECTION, INC.

417 E. Virginia Ave., Suite 1, Tallahassee, FL 32304, (904) 224-8870

Mailing Address: P.O. Box 1000, Tallahassee, FL 32304

Tel: (904) 224-8870

FAX: (904) 224-1122

NAME _____

FIRM _____

ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

OK 12/7/95
C. TAX _____
FILING _____ 17.50 W
R. AGENT FEE _____ 7.50 W
C. COPY _____ 52.50 W
TOTAL _____ 183.75 W
N. BANK _____
BALANCE DUE _____
REFUND _____

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY NC _____

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

RE: ITBAY LIMITED
UNITED PARTNERSHIP

C.C. FEE. DISBURSED

Capital ExpressSM
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 kN -12/12/95--01106--010
Vehicle Search ***1837.50 ***1837.50
Driving Record
Document Retrieval

UCC 1 or 3 File
UCC 11 Search
UCC 11 Retrieval
File No.'s _____ Copies
Counter Service
Shipping/Handling
Phone ()
Top Priority
Express Mail Prep.
FAX () pgs.

SUBTOTALS

FEE..... \$

DISBURSED..... \$

SURCHARGE..... \$

TAX on Corporate Supplies..... \$

SUBTOTAL..... \$

PREPAID..... \$

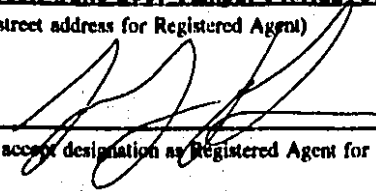
BALANCE DUE..... \$

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

CERTIFICATE OF LIMITED PARTNERSHIP

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

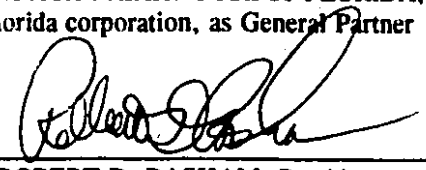
1. OUTBACK/CLEVELAND-1, LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited," "Ltd.," or "Limited Partnership")
2. 550 North Reo Street, Suite 200, Tampa, Florida 33609
(Business address of Limited Partnership)
3. JOSEPH J. KADOW
(Name of Registered Agent (or Service 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):
OUTBACK STEAKHOUSE OF FLORIDA, INC.
589475
Street address:
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 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—.

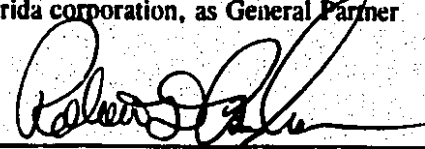
The total amount contributed and anticipated to be contributed by the limited partners at this time totals
\$400,000.

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, 1999 ON PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$600 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Northam
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

Suite 200
550 North Reo Street
Tampa, Florida 33609

Principal Office Address

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

3. Date Formed or Registered to Do Business in
FLORIDA 12/7/95

3a. Date of Last Report
N/A

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown
on Record
\$400,000

5b. Amount of Capital Contributions in
FLORIDA to date
\$-0-

6. FEI Number
59-3177208

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

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)(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)