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Date Daytime Prione #

2000 UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)
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DOCUMENT # A9500001886  1. Entity Name OUTBACK/DETROIT-I, LIMITED PARTNERSHIP			SECRETARY OF STATE ONS DIVISION OF CORPORATIONS	2 <del>2</del> 1		
Principal Place of Business  550 NORTH REO STREET, SUITE 200  TAMPA FL 33609  Mailing Address  550 NORTH REO STREET. SUITE  TAMPA FL 33609-1036		SUITE	200	00 APR 13 PM 6: 15		
•	lace of Business  h West Shore Boulevard  #, etc.	3. Mailing Address  2202 North Wes Suite, Apt. #, etc.	t Sho	re Boulevard	DO NOT WRITE IN THIS SPACE	
5th Floor	· · · · · · · · · · · · · · · · · · ·	5th Floor City & State			4. FEI Number 00 0040000 Applied F	or
City & State Tampa, F		Tampa, Florida			38-3046363 Not Applie	cable
33607	Country USA	<sup>23</sup> 3607	Coun	try USA	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent	
K V D O /W	IUGEDH I			Name	Joseph J. Kadow	
KADOW, JOSEPH J 5 <del>50 North Reo Street, Suite</del> 200			Street Address (F	O. Box Number is Not Acceptable) 2202 North West Shore Boulevard		
TAM <del>PA FI</del>	•				5th Floor	
		$\mathcal{A}_{1}$		City	Zip Code	
9 The above	named entity submits this statement for	the hurnder of changing its	register	ed office or registere		
o. The above	Harried entity submits this statement in			54 565 ¢. 12g.4.612		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if addicable. (NOTE	: Registere	d Agent signature required	when reinstating) DATE	-
9. Capital Co	ntributions \$500.000.00	10. Amount of Capita	al Contri		11. MAKE CHECK PAYABLE TO DEPT. OF STATI SEE REVERSE SIDE FOR FEE INFORMATIO	
as Shown o	A GENERAL PARTNER T	HAT IS A BUSINESS EN	TITY M	UST BE REGIST	ERED AND ACTIVE WITH THIS OFFICE.	
	NOTE: General Partners MA  GENERAL PARTNER		e form	ı; an amendment	must be filed to change a general partner.  ADDRESS CHANGES ONLY	
12.	J89475	INPORMATION	1		,	
NAME	OUTBACK STEAKHOUSE OF FLORIDA, INC. 550 NORTH REO STREET, SUITE 200		STR	EET ADDRESS	2202 N. West Shore Blvd., 5th Floor	(86)15 1200
STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP	Tampa, Florida 33607	ſ
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STREET ADDRESS CITY-ST-ZIP				(-ST-ZIP		
14. I hereby dindicated	certify that the information supplied with on this report is true and accurate and	this filing does not qualify for that my signature shall have	the exe the sam	emption stated in Ser e legal effect as if m Florida Statutes	ction 119.07(3)(i), Florida Statutes. I further certify that the informa ade under oath; that I am a General Partner of the limited partners	ion ship or

SIGNATURE OF PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: