## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 NOV -6 PH 3: 28

1. Name of Limited Partnership	1a. DOCUME A95000018	NT# 388	301100	20100 0 111 3. 28		
OUTBACK/CHARLOTTE-I, LIMITED PARTNERSHIP						
Mailing Address  550 NORTH REO STREET, SUITE 200 TAMPA FL 33609	Principal Office Address  550 NORTH REO STREET. SUITE 200 TAMPA FL 33609		3. Date Formed or Registered     12/07/1995     3a. Date of Last Report     11/20/1997      4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$775,000.00  5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.		FL 6. FEI Number 65-0201445	Applied For	1	
City & State Zip Country	City & State  Zlp Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required State (See reverse stde for fee information)		
9. Name and Address of Current Registered Agent			10, If changed, new Registered	Agent/Office	}	
KADOW, JOSEPH J 550 NORTH REO STREET, SUITE 200		Name				
TAMPA FL 33609		Suite, Apt. #, etc	. · · · · · · · · · · · · · · · · · · ·	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	<del></del>		
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 Numbers) 1'	1b. City, State & Zip Code	11c. Registration/		
OUTBACK STEAKHOUSE OF FLORID	550 NORTH REO STREET	•	TAMPA FL 33609	J89475	CRZE003 (8/98)	
		B	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		CRZE	
		1	1141.A		}	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 fame legal effects as if made under oath. I further certify that I am a General Pertner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620/Florida statules.
empowered to execute this report as required by chapter 620/Florida/Statules//

SIGNATURE.

moral Partner Signing Form OSEDN KOdo 1. of

DATE (0)2010

Daytime Telephone Number (813) 282 - 1225

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