

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001893

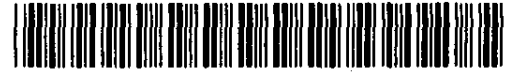
1. Entity Name
OUTBACK/WEST FLORIDA-I, LIMITED PARTNERSHIP

Principal Place of Business 2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607	Mailing Address 2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607
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FILED

01 APR 24 AM 10:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3392978		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
KADOW, JOSEPH J 2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$375,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # J89475	NAME OUTBACK STEAKHOUSE OF FLORIDA, INC.	STREET ADDRESS	
STREET ADDRESS 2202 N. WESTSHORE BLVD., 5TH FLOOR	CITY-ST-ZIP TAMPA FL 33607	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **SIGNATURE REQUIRED** **3/23/2001** **813/282-1225**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Joseph J. Kadow, Secretary** Date Daytime Phone #

0009865 AF 1636.2 000003 (11/00)