

CAPITAL CONNECTIONS, INC.
 417 E. Virginia St., Suite 100, Tallahassee, FL 32301, (904) 222-1225
 Mailing Address: P.O. Box 134, Tallahassee, FL 32301
 TOLL FREE No. 1-800-342-5522
 FAX (904) 222-1225

A9500001895

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

Q. IAX _____
 EMIAS _____ 35.00
 R. AGENT FEE _____ 35.00
 Q. COPY _____ 5.00
 TOTAL _____ 43.00
 N. BANK _____
 BALANCE DUE _____
 RETURN _____

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____ CK No. _____
 BY *AC* _____

WALK-IN *12/7 1:00*
 W/M Pick Up

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 **600001660290**
 -12/12/95--01106--001
 Name Reservation *****437.50 *****437.50
 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.

DISBURSED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 C-55 DEC -7 PM 2:01

RECEIVED
 OFFICE OF THE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 DEC 10 1995

SUBTOTALS _____

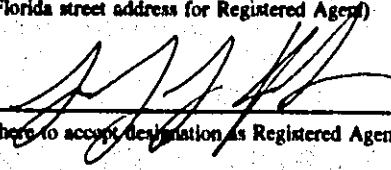
FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPARE.....	\$
BALANCE DUE.....	\$

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 Connections

CERTIFICATE OF LIMITED PARTNERSHIP

FILED STATE
SECRETARY OF CORPORATIONS
95 DEC -7 PM 2:07

1. OUTBACK/PHOENIX-I 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):

Street address:

OUTBACK STEAKHOUSE OF FLORIDA,
INC.

550 North Reo Street, Suite 200
Tampa, Florida 33609

754475

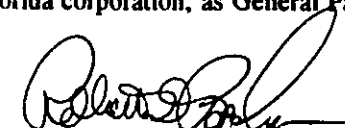
Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

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 STATE
SECRETARY OF CORPORATIONS
95 DEC -7 PM 2:07

The undersigned, constituting all of the general partners of OUTBACK/PHOENIX-I, LIMITED PARTNERSHIP, a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ -ZERO-

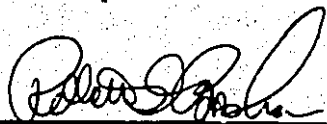
The total amount contributed and anticipated to be contributed by the limited partners at this time totals
\$50,000.

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 \$995 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF
SANDHURST
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

95 DEC 29 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001895

OUTBACK/PHOENIX-I, Limited Partnership

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

\$50,000

5b. Amount of Capital Contributions in
FLORIDA to date

\$-0-

6. FEI Number

59-3224005

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)

Outback Steakhouse of
Florida, Inc.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

Suite 200
550 North Reo Street

11b. City, State & Zip Code

Tampa, Florida 33609

11c. Registration/
Document Number

J89475

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)(a), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Section 119.07(3)(a) 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)

KWM