

A95000001901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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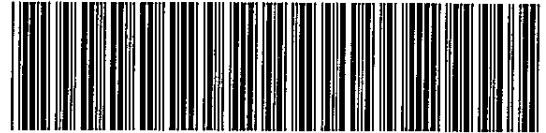
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OUTBACK/SOUTH FLORIDA-II, LIMITED PARTNERSHIP
(Name of Limited Partnership)

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARIANE MCQUEEN

(Name of Person)

OUTBACK STEAKHOUSE, INC.

(Firm/Company)

2202 N WEST SHORE BLVD., 5TH FLOOR

(Address)

TAMPA, FL 33607

(City/State and Zip Code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

ARIANE MCQUEEN

(Name of Person)

at (813) 282-1225

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FOREIGN LIMITED PARTNERSHIP**

The undersigned general partners of OUTBACK/SOUTH FLORIDA-II, LIMITED PARTNERSHIP,
_____ a (an) Limited Partnership, executed this
supplemental affidavit filed pursuant to section 620.176, Florida Statutes. The total amount of
the capital contributions of the limited partners allocated for the purpose of transacting
business in Florida is: \$ 200,000.00

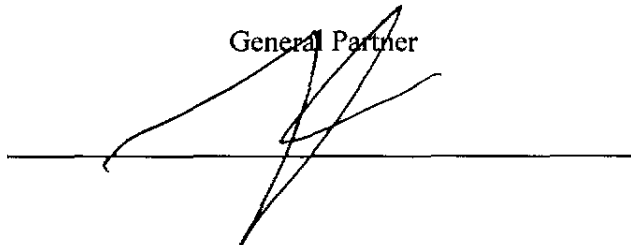
Signed this 28th day of APRIL, 2005

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FURTHER AFFIANT SAYETH NOT.

*Under penalties of perjury, I declare that I have read the foregoing and that the facts are true,
to the best of my knowledge and belief.*

General Partner



FEES:

\$7 per \$1,000 based on the additional contributions
(Minimum \$52.50 - Maximum \$1,750.00)

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**