

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 17 PM 4:23

1. Name of Limited Partnership

1a.

DOCUMENT #

A95000001902

OUTBACK/INDIANAPOLIS-II, LIMITED PARTNERSHIP

Mailing Address

Suite 200
550 North Reo Street
Tampa, FL 33609

Principal Office Address

Suite 200
550 North Reo Street
Tampa, FL 33609

3. Date Formed or Registered

12/7/95

5a. Capital Contributions as
Shown on record

325,000

3a. Date of Last Report

12/29/95

5b. Amount of Capital
Contributions in FLORIDA
to date.

-0-

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-3167850

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

Joseph J. Kadow
550 North Reo Street, Suite 200
Tampa, FL 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, FL 33609

11c. Registration/
Document Number

J89475

REINSTATEMENT

900002218839--6
196/20/97--01039--021
***1041:25 ***1041.25

OR 6-17

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)(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 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

Joseph J. Kadow, Vice President of
Outback Steakhouse of Florida, Inc.

DATE

6/10/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(813) 282-1225

CR2E003 (6/96)



ACCOUNT NO. : 072100000032

REFERENCE : 431384 84041A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : June 17, 1997

ORDER TIME : 12:50 PM

ORDER NO. : 431384-005

CUSTOMER NO: 84041A

CUSTOMER: Ms. Norma Deguenther
Outback Steakhouse Of Florida,
Suite 200
550 North Reo Street
Tampa, FL 33609

ANNUAL REPORT FILING

NAME: OUTBACK/INDIANAPOLIS-II,
LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS

RECEIVED
97 JUN 17 PM 2:08
DIVISION OF CORPORATION