

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 NOV 20 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership	1a. DOCUMENT # A95000001902
--------------------------------	--------------------------------

OUTBACK/INDIANAPOLIS-II, 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	5a. Capital Contributions as Shown on record \$325,000.00
		3a. Date of Last Report 06/17/1997	5b. Amount of Capital Contributions in FLORIDA to date 325,000
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	6. FEI Number 59-3167850 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to Dept. of State (See reverse side for fee information)
City & State	City & State		
Zip	Country		

9. Name and Address of Current Registered Agent KADOW, JOSEPH J. 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) 550 North Reo St., Suite 200	11b. City, State & Zip Code Tampa, FL 33609	11c. Registration/Document Number J89475
--	---	--	---

800002360348--5  
-12/02/97--01031--020  
\*\*\*\*541.25 \*\*\*\*541.25  
B/K 11/20/97

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 \_\_\_\_\_ DATE 11/11/97  
Typed or Printed Name of General Partner Signing Form Joseph J. Kadow, Vice President 813/282-1225  
Daytime Telephone Number

CR2E003 (6/97)