## RE POR ARIDERSHIP SUICE FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

empowered to execute this report as required by chapter 620.

Typed or Printed Name of General Partner Signing Form

Joseph

Kadow/

**SIGNATURE** 



5-26-25

Daytime Telephone Number

	Γ		=	
1. Name of Limited Partnership	1a, DOCUMENT #			
· Secretary	A9500001902			
OUTBACK/INDIANAPOLIS-II, LIMITED PARTNERSHIP				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as
		~~~	12/07/95	\$325,000.00
550 NORTH REO STREET. SUITE 200 TAMPA FL 33809	550 NORTH REO STREET. SUITE 200 TAMPA FL 33609		<b>3a.</b> Date of Last Report 11/20/97	
WWW. 1. 2 6666				5b. Amount of Capital
			4. State or Country of Formation	Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		FL	\$325,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.		- 6. FEI Number	Applied For
City & State	City & State		<del>-</del> 59-3167850	Not Applicable
		6-1	7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	<b>Z</b> ip	Country	8. Make check payable to: Dept. of	State (See reverse side for fee information)
		- · · · · · · · · · · · · · · · · · · ·	10. If changed, new Registered	
9. Name and Address of Current Registered Agent Name		Name	10. If changed, new Registered	1 Agenvonce
KADOW, JOSEPH J		Street Address (BC)	. Box Number Is Not Acceptable)	
550 NORTH REO STREET, SUITE 200			. Sox Nortiber is Not Acceptable)	
TAMPA FL 33609		Suite, Apt. #, etc.	· =	-
		City		FL Zp Code
10a. Pursuant to the provisions of sections 620,1051 and 6 for the purpose of changing its registered office or regisgent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS	istered agent, or both, in the State of Floric section 620.192, Florida Statutes.	ta. Such change was a	uthorized by its general partner(s). I hereby DATE	y accept the appointment of registered
MUST	BE REGISTERED AN	D ACTIVE W	/ITH THIS OFFICE.	Destablish
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo	x Numbers) 11b	City, State & Zip Code	11c. Registration/ Document Number
Outlack Steakhouse of Florida, 550 NORTH REO STREET, Inc., sole general partner		г, Т	AMPA FL 33609	J89475
AR	L 437.50			6958664 -/3801092005 91.25 ****\$26.25
ARSUM	526.25	15/		116/98
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				
<ol> <li>I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with S this annual report is true and accurate and that my signs</li> </ol>	ection 119.07/3kk) in the Event/inst the mi	ormation subplied is de	erned exempt from public access. I further	r cerusy that the information indicated on

Vice President