

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000213**

1. Entity Name
OUTBACK/UTAH-I, LIMITED PARTNERSHIP



Principal Place of Business
**2202 N. WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

Mailing Address
**2202 N. WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		4. FEI Number 59-3333072	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent

**KADOW, JOSEPH J
2202 N. WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____	
9. Capital Contributions as Shown on record. \$125,000.00	10. Amount of Capital Contributions in FLORIDA to date. 125,000	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	J89475	STREET ADDRESS	
NAME	OUTBACK STEAKHOUSE OF FLORIDA, INC.	CITY-ST-ZIP	
STREET ADDRESS	2202 N. WESTSHORE BLVD., 5TH FLOOR		
CITY-ST-ZIP	TAMPA FL 33607		
DOCUMENT #		STREET ADDRESS	300010200532
NAME		CITY-ST-ZIP	01/17/03-01030-021 ***535.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** Joseph J. Kadow, Secretary 01/09/03 (813) 282-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

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