

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000268**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 6:29

Principal Place of Business
**550 NORTH REO STREET-SUITE 200
TAMPA FL 33609**

Mailing Address
**550 NORTH REO STREET-SUITE 200
TAMPA FL 33609-1036**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2202 North West Shore Boulevard

3. Mailing Address
2202 North West Shore Boulevard

Suite, Apt. #, etc.
5th Floor

Suite, Apt. #, etc.
5th Floor

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number **59-3359893** Applied For Not Applicable

Zip **33607** Country **USA**

Zip **33607** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**KADOW, JOSEPH J
550 NORTH REO STREET, SUITE 200
TAMPA FL 33609**

7. Name and Address of New Registered Agent
Name **Joseph J. Kadow**
Street Address (P.O. Box Number is Not Acceptable) **2202 North West Shore Boulevard**
City **5th Floor** State **FL** Zip Code **33607**

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.

SIGNATURE DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$125,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	J89479 OUTBACK STEAKHOUSE OF FLORIDA, INC. 550 NORTH REO STREET, SUITE 200 TAMPA FL 33609
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor
CITY - ST - ZIP	Tampa, Florida 33607
STREET ADDRESS	<i>M/K</i>
CITY - ST - ZIP	<i>4/17</i>
STREET ADDRESS	400003217184--1 -04/20/00--01095--023 *****526.25 *****526.25
CITY - ST - ZIP	
STREET ADDRESS	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **2/29/00** Daytime Phone # **813/2821225**