## **2002 UNIFORM BUSINESS REPORT (UBR)**

1. Entity Name		0000268 SHIP	O2 MAY -1 AM 10: 33					
Principal Place of Business Mailing Address  2202 N. WESTSHORE BLVD. 5TH FLOOR TAMPA FL 33607 TAMPA FL 33607  Mailing Address  2202 N. WESTSHORE BLVD. TAMPA FL 33607				FLOOR	SECRETARY OF STATE TALLAHASSEE, FLORIDA			ŀ
Principal Place of Business     3. Mailing Address			. "					j
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2002			
City & State	•	City & State		4. FEI Number	59-3359893	Applied For Not Applicat	ble	
Zip Country		Zip	Zip Count		5. Certificate of	f Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and A	ddress of New Registere	ed Agent	$\exists$
Kadow, Joseph J 2202 N. Westshore Blvd., 5th floor				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33607				City FL Zip Code				
SIGNATI IRE	named entity submits this statement		ing its registere	I ed office or registe	red agent, or both,	in the State of Florida.	E	
9. Capital Contributions as Shown on record.  \$125,000.00  10. Amount of Capital Contributions in FLORIDA to date.				SEE REVERSE SIDE FOR FEE INFORMATION				
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINES IAY NOT be changed	S ENTITY M on the form	IUST BE REGIS i; an amendmei	TERED AND AC nt must be filed	TIVE WITH THIS OFF to change a general p	ICE. partner.	
12.	GENERAL PARTNER INFORMATION  J89479			13. ADDRESS CHANGES ONLY 1 0 3				
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	OUTBACK STEAKHOUSE OF FLORIDA, INC. 2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607			-05/15/0201055024 ****526.25 ****526.25				
DOCUMENT #			STRE	STREET ADDRESS CITY-ST-ZIP				CR2E003 (9/01)
STREET AODRESS CITY-ST-ZIP			CITY					
DOCUMENT # NAME			STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
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DOCUMENT #			STRE	EET AODRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				$\dashv$
NAME			STRE	EET ADDRESS		,		$\dashv$
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
14. I hereby of indicated the received	certify that the information supplied w on this report is true and accurate ar ver or trustee empowered to execute	ith this filing does not quand that my signature shall this report as required by	alify for the exe I have the same Chapter 620,	mption stated in S e legal effect as if i Florida Statutes	ection 119.07(3)(i), made under oath; i	, Florida Statutes. I further that I am a General Partne	certify that the information or of the limited partnership	o or

SIGNATURE:

4-23-02 (813) 282-1225