

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


0004698 AV

DOCUMENT # A96000000268

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



FILED
03 JAN 24 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 50-3359893	Applied For
				<i>FSI 312A03A</i>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KADOW, JOSEPH J 2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	J89479	STREET ADDRESS	
NAME	OUTBACK STEAKHOUSE OF FLORIDA, INC.	CITY-ST-ZIP	300010200383
STREET ADDRESS	2202 N. WESTSHORE BLVD., 5TH FLOOR		<i>01/17/03--01090--015 **535.00</i>
CITY-ST-ZIP	TAMPA FL 33607	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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)