

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A96000000268**

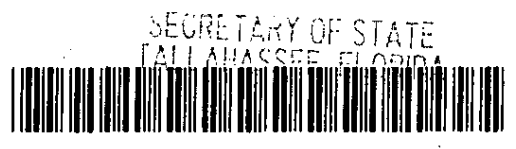
1. Entity Name  
**OUTBACK/NEVADA-I, LIMITED PARTNERSHIP**



FILED  
03 JAN 24 AM 11:12

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		<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>50-3359893</b>	Applied For
				Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>KADOW, JOSEPH J</b> <b>2202 N. WESTSHORE BLVD., 5TH FLOOR</b> <b>TAMPA FL 33607</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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. <b>\$125,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>125,000</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 01/17/03--01090--015 **535.00
STREET ADDRESS	2202 N. WESTSHORE BLVD., 5TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (10/02)

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 #