2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001481

1. Entity Name

CARRABBA'S/WEST FLORIDA-I, LIMITED PARTNERSHIP

FILED
00 JUN -2 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
ATTN: J. SKUKALEK 405 N. REO ST., STE. 210 TAMPA FL 33609	ATTN: J. SKUKALEK 405 N. REO ST., STE. 210 TAMPA FL 33609-1038

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2202 North West Shore Boulevard	2202 North West Shore Boulevard
Suite, Apt. #, etc.: 5th Floor	Suite, Apt. #, etc.: 5th Floor
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33607 Country: USA	Zip: 33607 Country: USA

4. FEI Number 59-3321512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KADOW, JOSEPH J 550 NORTH REO STREET, SUITE 200 TAMPA FL 33609	Name: Kadow, Joseph J. Street Address (P.O. Box Number is Not Acceptable): 2202 North West Shore Boulevard 5th Floor City: Tampa, Florida 33607 USA 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.

SIGNATURE _____ DATE 4.13.00

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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$350,000.00		

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 #	P95000003626	STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor
NAME	CARRABBA'S ITALIAN GRILL, INC.	CITY-ST-ZIP	Tampa, Florida 33607
STREET ADDRESS	405 NORTH REO STREET, SUITE 210		
CITY-ST-ZIP	TAMPA FL 33609		
DOCUMENT #		STREET ADDRESS	100003299371--8 -06/21/00--01086--001 *****88.75
NAME		CITY-ST-ZIP	*****88.75
STREET ADDRESS			100003299371--8 -06/21/00--01086--002
CITY-ST-ZIP			****437.50 ****437.50 SC 446.25 446.25
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CITY-ST-ZIP			

CR2E003 (9/99)

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 4.13.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #