

A96000001481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

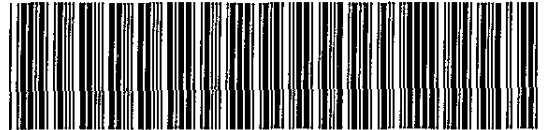
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800048781898

05/03/05--01028--020 \*\*350.00

FILED  
05 MAY -3 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W 05/11/05

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARRABBA'S/WEST FLORIDA-I, LIMITED PARTNERSHIP  
(Name of Limited Partnership)

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARIANE MCQUEEN

(Name of Person)

OUTBACK STEAKHOUSE, INC.

(Firm/Company)

2202 N WEST SHORE BLVD., 5TH FLOOR

(Address)

TAMPA, FL 33607

(City/State and Zip Code)

FILED  
05 MAY -3 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

ARIANE MCQUEEN

(Name of Person)

at ( 813 ) 282-1225

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A  
FOREIGN LIMITED PARTNERSHIP**

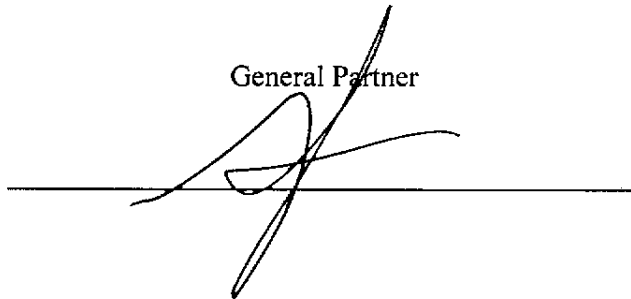
The undersigned general partners of CARRABBA'S/WEST FLORIDA-I, LIMITED PARTNERSHIP,  
\_\_\_\_\_ a (an) Limited Partnership, executed this  
supplemental affidavit filed pursuant to section 620.176, Florida Statutes. The total amount of  
the capital contributions of the limited partners allocated for the purpose of transacting  
business in Florida is: \$ 475,000.00.

Signed this 28 day of APRIL, 2005.

***FURTHER AFFIANT SAYETH NOT.***

*Under penalties of perjury, I declare that I have read the foregoing and that the facts are true,  
to the best of my knowledge and belief.*

General Partner



**FEES:**

\$7 per \$1,000 based on the additional contributions  
(Minimum \$52.50 - Maximum \$1,750.00)

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**FILED**  
**05 MAY -3 PM 12:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**