

2002 UNIFORM BUSINESS REPORT (UBR)

0004334 AV

DOCUMENT # A96000001482

1. Entity Name

CARRABBA'S/SOUTH FLORIDA-I, LIMITED PARTNERSHIP

FILED

02 MAY -1 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2202 NORTH WEST SHORE BLVD., 5TH FLOOR
TAMPA FL 33607

Mailing Address

2202 NORTH WEST SHORE BLVD., 5TH FLOOR
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3329152

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

2202 NORTH WEST SHORE 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$175,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # P95000003626
NAME CARRABBA'S ITALIAN GRILL, INC.
STREET ADDRESS 2202 NORTH WEST SHORE BLVD., 5TH FLOOR
CITY-ST-ZIP TAMPA FL 33607

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P00000108232
NAME GOLD COAST RESTAURANT GROUP, INC.
STREET ADDRESS 9840 ATLANTIC BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32225

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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, Vice President

4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)