

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001483

1. Entity Name
CARRABBA'S/ARIZONA-I, LIMITED PARTNERSHIP

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

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

2. Principal Place of Business
2202 N Westshore Blvd.
Suite, Apt. #, etc.
5th Floor
City & State
Tampa FL

3. Mailing Address
2202 N Westshore Blvd.
Suite, Apt. #, etc.
5th Floor
City & State
Tampa FL

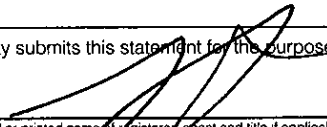
Zip
33607
Country
USA

Zip
33607
Country
USA

6. Name and Address of Current Registered Agent
KADOW, JOSEPH J
550 NORTH REO STREET, SUITE 200
TAMPA FL 33609

7. Name and Address of New Registered Agent
Name: Kadow, Joseph J.
Street Address (P.O. Box Number is Not Acceptable)
2202 N Westshore Blvd.
5th Floor
City Tampa FL Zip Code 33607

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, \$150,000.00

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 # NAME STREET ADDRESS CITY - ST - ZIP	P95000003626 CARRABBA'S ITALIAN GRILL, INC. 405 NORTH REO STREET, SUITE 210 TAMPA FL 33609	STREET ADDRESS CITY - ST - ZIP	2202 N. West Shore Blvd., 5th Floor Tampa, Florida 33607
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	100003296941--1 -06/20/00--01044--009
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	*****88.75 *****88.75 100003296941--1 -06/20/00--01044--010
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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:  DATE 4-13-00

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

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



DO NOT WRITE IN THIS SPACE

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CR2E003 (9/99)