FILED

2003 FEB -6 AM 9: 28

(813) 282-1225

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

DOCUMENT # **A9600001484**

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OF

CARRABBA'S/COLORADO-I, LIMITED PARTNERSHIP



Principal Place of Business 2202 NORTH WEST SHORE BLVD.. 5TH FLOOR Mailing Address 2202 NORTH WEST SHORE BLVD., 5TH FLOOR DIVISION OF CORPORATIONS TAMPA FL 33607 TALLAHASSEE, FLORIDA TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State 4. FEI Number 59-3329023 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KADOW, JOSEPH J 2202 NORTH WEST SHORE BLVD., 5TH FLOOR Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33607** City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$250,000.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE رين ,225 as Shown on record in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # P95000003626 CR2E003 (10/02) STREET ADDRESS NAME Carrabba's Italian Grill, Inc. 2202 NORTH WEST SHORE BLVD., 5TH FLOOR STREET ADDRESS TAMPA FL 33607 CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 10001190528 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP accument # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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

PRINTED NAME OF SIGNING GENERAL PARTNER

REQUIDOSEPH J. Kadow, Secretary 01/09/03

Carrabba's Italian