

Document Number Only

A960000001485

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
96 AUG - 7 PM 3: 08

600001920786
08/13/96 0142--019
****332.50 ****332.50

Carabba's / Michigan - I, limited Partnership

600001920786
08/13/96 01142--020
****52.50 ****52.50

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> CUS | |
| <input type="checkbox"/> Limited Liability Partnership | | |
| <input type="checkbox"/> Certified Copy | | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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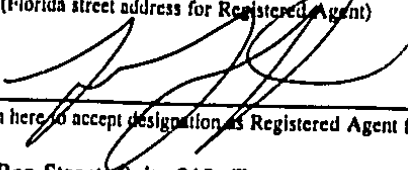
BK 8/7/96

G. TAX _____
FILING _____ 350.00
R. AGENT FEE _____ 35.00
C. COPY _____
TOTAL _____ 385.00
N. BANK _____
BALANCE DUE _____
REFUND _____

need

332.50

CERTIFICATE OF LIMITED PARTNERSHIP

1. CARRABBA'S/MICHIGAN-I LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited," "Ltd.," or "Limited Partnership")
2. 405 North Reo Street, Suite 210, Tampa, Florida 33609
(Business address of Limited Partnership)
3. JOSEPH J. KADOW
(Name of Registered Agent for Service of Process)
4. 550 North Reo Street, Suite 200, Tampa, Florida 33609
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 405 North Reo Street, Suite 210, Tampa, Florida 33609
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2037
8. Name(s) of general partner(s): _____ Street address: _____
- CARRABBA'S ITALIAN GRILL, INC. 405 North Reo Street, Suite 210
Tampa, Florida 33609
- P 9500003626

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 5th day of August, 19 96.

Signature of all general partners:

CARRABBA'S ITALIAN GRILL, INC.
a Florida corporation, as General Partner

By: 

CARL SAHLSTEN, President

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DIVISION OF CORPORATIONS
96 AUG -7 PM 3:08

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG - 7 PM 3:08

The undersigned, constituting all of the general partners of CARRABBA'S/MICHIGAN-I, LIMITED PARTNERSHIP, a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ —ZERO—.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals
\$50,000.

Signed this 5th day of August, 19 96.

FURTHER AFFIANT SAYETH NOT.

*Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof
and that the facts stated herein are true and correct.*

CARRABBA'S ITALIAN GRILL, INC.
a Florida corporation, as General Partner

By: 

CARL SAHLSTEN, President