

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

\$ 541.25

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 FEB 12 PM 2:13



2/18/97

1. Name of Limited Partnership	1a. DOCUMENT # A96000001710
CARRABBA'S/FIRST COAST, LIMITED PARTNERSHIP	

Mailing Address 405 NORTH REO STREET, SUITE 210 TAMPA FL 33609		Principal Office Address 405 NORTH REO STREET, SUITE 210 TAMPA FL 33609		3. Date Formed or Registered 09/12/1996	5a. Capital Contributions as Shown on record. \$75,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
City & State		City & State		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip		Country			

9. Name and Address of Current Registered Agent KADOW, JOSEPH J 550 NORTH REO STREET, SUITE 200 TAMPA FL 33609	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.	
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____	

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CARRABBA'S ITALIAN GRILL, IN FIRST COAST, INC.	405 NORTH REO STREET, 1727 HOLLY OAKS RAVIN	TAMPA FL 33609 JACKSONVILLE FL 32225	P95000003628 F83000000027
<p><i>PR SUPD</i></p> <p>437.50 103.75 <u>541.25</u></p>		<p>800002093718--3 -02/21/97--01007--009 ***1082.50 ***541.25</p>	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Calvin Short

DATE

2/4/97

Typed or Printed Name of General Partner Signing Form

PRESIDENT

Daytime Telephone Number

813-288-8286