2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600001710

CARRABBA'S/FIRST COAST, LIMITED PARTNERSHIP



FILED

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SEUNCIANT OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 2202 NORTH WEST SHORE BLVD., 5TH FLOOR Mailing Address 2202 NORTH WEST SHORE BLVD., 5TH FLOOR TAMPA FL 33607 TAMPA FL 33607 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** 4. FEI Number 59-3400608 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KADOW, JOSEPH J Street Address (P.O. Box Number is Not Acceptable) 2202 NORTH WEST SHORE BLVD., 5TH FLOOR **TAMPA FL 33607** Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$100,000.00 250,000 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Snown on record. 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. P95000003626 DOCUMENT # STREET ADDRESS CARRABBA'S ITALIAN GRILL, INC. NAME 2202 NORTH WEST SHORE BLVD., 5TH FLOOR STREET ADDRESS CITY-ST-ZIP TAMPA FL 33607 CITY-ST-ZIP P96000053722 DOCUMENT # STREET ADDRESS FIRST COAST RESTAURANT GROUP, INC. NAME 1727 HOLLY OAKS RAVINE DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 1/22/03