

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<p><b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b></p>		<p><b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b></p>
<p>1. Name of Limited Partnership</p>	<p><b>1a. DOCUMENT #</b> <b>A96000002445</b></p>	
<p><b>CARRABBA'S/CAROLINA-I, LIMITED PARTNERSHIP</b></p>		

FILED

98 DEC 28 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Mailing Address  405 N. REO ST., SUITE 210 TAMPA FL 33609  <i>Attn: J. Skukalek</i>	Principal Office Address  405 N. REO ST., SUITE 210 TAMPA FL 33609	3. Date Formed or Registered  12/24/1996	5a. Capital Contributions as Shown on record.  \$100,000.00
		3a. Date of Last Report  10/29/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation  FL	
2. Mailing Address  Suite, Apt. #, etc.	2a. Principal Office Address  Suite, Apt. #, etc.	6. FEI Number  59-3460180	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificates of Status Desired  <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

<b>9. Name and Address of Current Registered Agent</b>  <b>KADOW, JOSEPH J</b> <b>405 N. REO ST., SUITE 210</b> <b>TAMPA FL 33609</b>	<b>10. If changed, new Registered Agent/Office</b>  <b>Name</b> <b>Street Address (P.O. Box Number is acceptable)</b> <b>Suite, Apt. #, etc.</b> <b>City</b>
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**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.**

MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner <small>(Do NOT Use Post Office Box Numbers)</small>	11b. City, State & Zip Code	11c. Registration/ Document Number
CARRABBA'S ITALIAN GRILL, INC	405 N. REO ST., SUITE	TAMPA FL 33609	P95000003626

**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 261, Florida Statutes.

**SIGNATURE**

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

8888247