

2001 UNIFORM BUSINESS REPORT (UBR)

0003408 AF

DOCUMENT # A99000001466

1. Entity Name

CARRABBA'S GREEN HILLS, LIMITED PARTNERSHIP

Principal Place of Business

2202 NORTH WEST SHORE BLVD., 5TH FLOOR
TAMPA FL 33607

Mailing Address

2202 NORTH WEST SHORE BLVD., 5TH FLOOR
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3591789

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KADOW, JOSEPH J

2202 NORTH WEST SHORE BLVD., 5TH FLOOR
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$25,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
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

DOCUMENT # P95000003626
NAME CARRABBA'S ITALIAN GRILL, INC.
STREET ADDRESS 2202 NORTH WEST SHORE BLVD., 5TH FLOOR
CITY-ST-ZIP TAMPA FL 33607

DOCUMENT # B99000000334
NAME RCF/GREEN HILLS, L.P.
STREET ADDRESS 543 MIDWAY CIRCLE
CITY-ST-ZIP BRENTWOOD TN 37027

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300004437523--3
-06/22/01--01063--032
****272.50 ****272.50

FF \$263.75
CUS 8.75

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 600, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01

Date

Daytime Phone #

(00) 0003408 (11/00)

FILED
01 JUN 21 PM 2:00

SECRETARY OF STATE
TAMPA, FLORIDA



DO NOT WRITE IN THIS SPACE