

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000000270 1. Entity Name MCCORMICK & SCHMICK ORLANDO, LLC	
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Principal Place of Business 4200 CONROY RD. SUITE A-146 ORLANDO, FL 32839	Mailing Address 720 SW WASHINGTON, SUITE 550 PORTLAND, OR 97205
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DO NOT WRITE IN THIS SPACE

	
01072004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 93-1327205	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

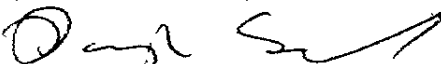
**Filing Fee is \$50.00
Due by May 1, 2004**

**000000053463
02/16/04-80133-003 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCORMICK & SCHMICK ACQUISITION CORP. 720 SW WASHINGTON ST., SUITE 550 PORTLAND, OR 97205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHMICK, DOUGLAS L 720 SW WASHINGTON ST., SUITE 550 PORTLAND, OR 97205
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IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Douglas L. Schmick, Manager** **01/07/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #