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

Principal Place of Business	Mailing Address
4200 CONROY RD. SUITE A-146 ORLANDO, FL 32839	720 SW WASHINGTON, SUITE 550 PORTLAND, OR 97205

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

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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

U00000053463
02/16/04-80133-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCCORMICK & SCHMICK ACQUISITION CORP.
STREET ADDRESS	720 SW WASHINGTON ST., SUITE 550
CITY-ST-ZIP	PORTLAND, OR 97205
TITLE	MGR
NAME	SCHMICK, DOUGLAS L
STREET ADDRESS	720 SW WASHINGTON ST., SUITE 550
CITY-ST-ZIP	PORTLAND, OR 97205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

(503) 226-3440
Daytime Phone #