

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 15, 2006 08:00 A
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



05042006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 93-1327205	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301
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**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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

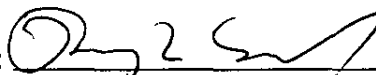
**Filing Fee is \$50.00
Due by September 6, 2006**

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

U00000565502
05/20/06-80137-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **(503) 226-3440**
Douglas L. Schmick, Manager 05/08/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #