

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90028 021 ****50.00

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DOCUMENT # M02000000270 1. Entity Name MCCORMICK & SCHMICK ORLANDO, LLC					
Principal Place of Business 4200 CONROY RD. SUITE A-146 ORLANDO, FL 32839			Mailing Address 720 SW WASHINGTON, SUITE 550 PORTLAND, OR 97205		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 93-1327205	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHMICK, DOUGLAS L 720 SW WASHINGTON ST., SUITE 550 PORTLAND, OR 97205 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Emanuel N. Hilario 720 SW Washington Street, Suite 550 Portland, OR 97205 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCORMICK & SCHMICK RESTAURANT CORP 720 SW WASHINGTON ST STE 550 PORTLAND, OR 97205 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: Douglas L. Schmick, Manager 07/09/07 (503) 226-3440					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					