2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 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

01152008 No Chg-LLC CR2E083 (12/07)

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.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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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)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

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

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01/30/08-80088-025 138.75

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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 01/21/08 (503) 226-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #