2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000270

City-St-Zip:

Entity Name: MCCORMICK & SCHMICK ORLANDO, LLC

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4200 CONROY RD. SUITE A-146 ORLANDO, FL 32839 **Current Mailing Address: New Mailing Address:** 720 SW WASHINGTON, SUITE 550 PORTLAND, OR 97205 FEI Number: 93-1327205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: (X) Change () Addition () Delete SCHMICK, DOUGLAS L Name: FREEMAN, WILLIAM T Name: 720 SW WASHINGTON ST., SUITE 550 Address: 720 SW WASHINGTON ST., SUITE 550 Address: PORTLAND, OR 97205 City-St-Zip: PORTLAND, OR 97205 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MCCORMICK & SCHMICK RESTAURANT CORP Name: Address: 720 SW WASHINGTON ST STE 550 Address: City-St-Zip: PORTLAND, OR 97205 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition HILARIO, EMANUEL N SCHMICK, DOUGLAS L Name: Name: 720 SW WASHINGTON STREET, SUITE 550 720 SW WASHINGTON STREET, SUITE 550 Address: Address: City-St-Zip: PORTLAND, OR 97205 City-St-Zip: PORTLAND, OR 97205 Title: () Delete Title: MGR () Change (X) Addition Name: Name: HILARIO, EMANUEL N 720 SW WASHINGTON STREET, SUITE 550 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

PORTLAND, OR 97205

SIGNATURE: DOUGLAS L SCHMICK MGR 04/10/2009