

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000000270

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** MCCORMICK & SCHMICK ORLANDO, LLC

**Current Principal Place of Business:**

4200 CONROY RD.  
SUITE A-146  
ORLANDO, FL 32839

**New Principal Place of Business:**

**Current Mailing Address:**

720 SW WASHINGTON, SUITE 550  
PORTLAND, OR 97205

**New Mailing Address:**

1414 NW NORTHRUP STREET  
SUITE 700  
PORTLAND, OR 97209

**FEI Number:** 93-1327205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:**

**Title:** MGR  
**Name:** FREEMAN, WILLIAM T  
**Address:** 1414 NW NORTHRUP STREET, SUITE 700  
**City-St-Zip:** PORTLAND, OR 97209

**Title:** MGRM  
**Name:** MCCORMICK & SCHMICK RESTAURANT CORP  
**Address:** 1414 NW NORTHRUP STREET, SUITE 700  
**City-St-Zip:** PORTLAND, OR 97209

**Title:** MGR  
**Name:** SCHMICK, DOUGLAS L  
**Address:** 1414 NW NORTHRUP STREET, SUITE 700  
**City-St-Zip:** PORTLAND, OR 97209

**Title:** MGR  
**Name:** LANTOW, MICHELLE M  
**Address:** 1414 NW NORTHRUP STREET, SUITE 700  
**City-St-Zip:** PORTLAND, OR 97209

I hereby 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.

**SIGNATURE:** DOUGLAS L SCHMICK

MGR

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date