

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A05000001912

1. Entity Name
 LC RESTAURANT HOLDINGS, LTD.



Principal Place of Business
 9201 WATSON ROAD, SUITE 300
 ST. LOUIS, MO 63126

Mailing Address
 9201 WATSON ROAD, SUITE 300
 ST. LOUIS, MO 63126

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202008 Chg-LP CR2E003 (12/06)

4. FEI Number
 16-1736852

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHERRY, RICHARD G
 8409 N. MILITARY TRAIL, SUITE 123
 PALM BEACH GARDENS, FL 33410

Name **RICHARD DOHACK**
 Street Address (P.O. Box Number is Not Acceptable)
11020 MAHOGANY RD
 City **FORT MYERS** FL Zip Code **33913**

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

R. Dohack

Signature, typed or printed name of registered agent and title if applicable.

1-24-08

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L05000098886
 NAME LC HOLDINGS GP, LLC
 STREET ADDRESS 9201 WATSON ROAD, SUITE 300
 CITY-ST-ZIP ST. LOUIS, MO 63126

STREET ADDRESS
 CITY-ST-ZIP **900116634529**
02/01/08--01004--012 **500.00

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STREET ADDRESS
 CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/24/08

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

08 JAN 30 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

