2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000011718

1. Entity Name
STEAK PARTNERS, LLC

Principal Place of Business	Mailing Address
217 JOHN KNOX RD.	217 JOHN KNOX RD.
TALLAHASSEE, FL 32303	TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

04142005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3731147	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, R. BRADFORD
217 JOHN KNOX RD.
TALLAHASSEE, FL 32303

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

DATE 5/18/05

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PARKER, BRADFORD
STREET ADDRESS	217 JOHN KNOX RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	MGR
NAME	BUFORD, A.L. JR.
STREET ADDRESS	217 JOHN KNOX RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	MGR
NAME	WILKINSON, BENJAMIN
STREET ADDRESS	217 JOHN KNOX RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	MGR
NAME	CURETON, BRYAN
STREET ADDRESS	217 JOHN KNOX RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	MGR
NAME	BUFORD, A.L. III
STREET ADDRESS	217 JOHN KNOX RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000318892
04/20/05-80076-015 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 4/18/05   Daytime Phone # 8503856363