

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90027 044 ****50.00

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04192007 Chg-LLC CR2E083 (12/06)

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| DOCUMENT # L02000034077 | | | |  | |
| 1. Entity Name U.S. STEAKHOUSE BAR & GRILL, L.L.C. | | | | | |
| Principal Place of Business 1208 NOCEAN BLVD POMPANO BEACH, FL 33062 | | | Mailing Address 1208 N OCEAN BLVD. POMPANO BEACH, FL 33062 | | |
| 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 | 4. FEI Number 65-1164472 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent DIASSINOS, KATHERINE 1208 N OCEAN BLVD. 911 POMPANO BEACH, FL 33062 | | | | 7. Name and Address of New Registered Agent Name <u>MARIA DIASSINOS</u> Street Address (P.O. Box Number is Not Acceptable) <u>1208 N Ocean Blvd</u> <u>911</u> City <u>Pompano Beach</u> FL Zip Code <u>33062</u> | |
| 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 <u>Katherine Diassinios</u> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P DIASSINOS, KATHERINE 1380 S. OCEAN BLVD POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MARIA DIASSINOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1208 N Ocean Blvd Pompano Beach, FL 33062 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | S MARIA DIASSINOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1208 N Ocean Blvd Pompano Beach, FL 33062 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____ | | | | | |