


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90141 004 ****50.00

DOCUMENT # L03000004435	
1. Entity Name MARK'S STEAKHOUSE, LLC	

Principal Place of Business ONE SOUTHEAST THIRD AVE. SUITE 2800 MIAMI FL 33131	Mailing Address ONE SOUTHEAST THIRD AVE. 1513 Blue Jay Circle SUITE 2800 WESTON FL 33327
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24064025



2. Principal Place of Business 1513 Blue Jay Circle Suite, Apt. #, etc.	3. Mailing Address 1513 Blue Jay Circle Suite, Apt. #, etc.
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City & State WESTON FL	City & State WESTON FL
Zip 33327	Zip 33327
Country USA	Country USA

05012004 Chg-LLC CR2E083 (10/03)

4. FEI Number 450500824	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVE. SUITE 2800 MIAMI, FL 33131

7. Name and Address of New Registered Agent	
Name MARK Anders	
Street Address (P.O. Box Number is Not Acceptable) 1513 Blue Jay Circle	
City WESTON	Zip Code FL 33327

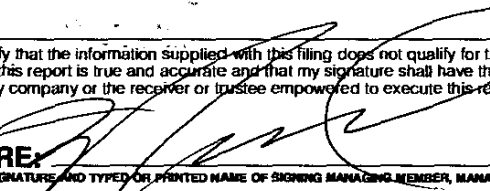
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE 4-28-04
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Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Mark Anders		NAME	
STREET ADDRESS 1513 Blue Jay Circle		STREET ADDRESS	
CITY-ST-ZIP WESTON FL 33327		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 	DATE 4-28-04	DAYTIME PHONE # 305 632 1379
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