


**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  
 MIAMI, FL 33131 33327**

**24064025**



2. Principal Place of Business  
**1513 Blue Jay Circle**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1513 Blue Jay Circle**  
 Suite, Apt. #, etc.

City & State  
**WESTON FL**

City & State  
**WESTON FL**

Zip  
**33327** Country **USA**

Zip  
**33327** Country **USA**

05012004 Chg-LLC CR2E083 (10/03)

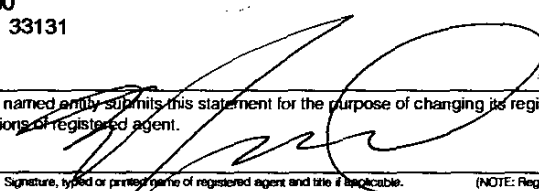
4. FEI Number  
**450500824** Applied For  
 Not Applicable

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

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 FL** Zip Code **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**

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

**Filing Fee is \$50.00  
 Due by September 8, 2004**

**Make check payable to  
 Florida Department of State**

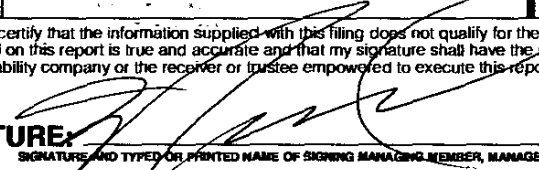
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Mark Anders 1513 Blue Jay Circle WESTON FL 33327</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE