

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90155 016 \*\*\*\*50.00

**DOCUMENT # L05000068551**

1. Entity Name  
**BUFFALO STEAKHOUSE, LLC**



Principal Place of Business  
**10525 US HWY 19 N  
PINELLAS PARK, FL 33782**

Mailing Address  
**10525 US HWY 19 N  
PINELLAS PARK, FL 33782**

**60034935**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-3138099**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**JENKINS, ROSE M  
34650 US HIGHWAY 19 N.  
SUITE 108  
PALM HARBOR, FL 34684**

## 7. Name and Address of New Registered Agent

Name **CHASTANG, LAWRENCE J.**

Street Address (P.O. Box Number is Not Acceptable)  
**C/O LARSON ALLEN**

**1400 WEST FAIRBANKS AVENUE, SUITE 102**

City  
**WINTER PARK**

FL

Zip Code  
**32789**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

## 9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
PICART, CHRISTIAN  
3 CHEMIN EU CHENARD  
1183 BURSINS SWITZERLAND.** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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:**

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

**Christian Picart**

**4/13/07**

Date

**407-629-1944**

Daytime Phone #