

**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 #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02092007 Chg-LLC CR2E083 (12/06)

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  DATE **4/3/07**

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 May 1, 2007**

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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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:  **Christian Picart** 4/3/07 407-629-1944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #