

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112254

Entity Name: FLORIDA STEAKHOUSE II, LLC

FILED
Jul 17, 2006
Secretary of State

Current Principal Place of Business:

17749 ASHLEY DRIVE, BUILDING B
PANAMA CITY BEACH, FL

New Principal Place of Business:

Current Mailing Address:

17749 ASHLEY DRIVE, BUILDING B
PANAMA CITY BEACH, FL

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DUDLEY, STEWART R
17749 ASHLEY DRIVE, BUILDING B
PANAMA CITY BEACH, FL US

Name and Address of New Registered Agent:

DUDLEY, STEWART R
17749 ASHLEY DRIVE, BUILDING B
PANAMA CITY BEACH, FL 32413 US

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.

SIGNATURE: JAMES C. LEE III

07/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEE, JAMES C III
Address: 111 OXMOOR ROAD
City-St-Zip: BIRMINGHAM, AL 35209

Title: MGR () Delete
Name: DUDLEY, STEWART R
Address: 111 OXMOOR ROAD
City-St-Zip: BIRMINGHAM, AL 35209

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES C. LEE III

MGR

07/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date