


**FILED**  
**Jul 25, 2006 08:00 AM**  
**Secretary of State**

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M01000002836  
1. Entity Name  
SC RESTAURANT COMPANY LLC



Principal Place of Business 475 TENTH AVENUE NEW YORK, NY 10018	Mailing Address 475 TENTH AVENUE NEW YORK, NY 10018
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**DO NOT WRITE IN THIS SPACE**



07182006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4199292	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

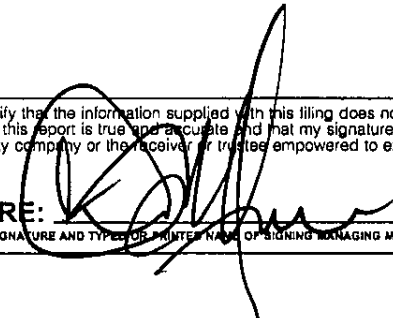
**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IAN SCHRAGER HOTELS LLC 475 TENTH AVE., 11TH FLOOR NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHUDROW VENTURES LLC 18400 NW SECOND AVENUE SUITE 200 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000572332  
07/25/06-80026-021 55.00

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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:  Daniel Moore 7/24/06 305-674-5786

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