

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0043990

DOCUMENT # M01000002836

1. Entity Name  
SC RESTAURANT COMPANY LLC



**FILED**  
03 MAR 25 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



Principal Place of Business: 475 TENTH AVENUE, NEW YORK NY 10018  
Mailing Address: 475 TENTH AVENUE, NEW YORK NY 10018

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number **13-4199292**  
Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City | **FL** | Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003  
**400014676834**  
03/25/03--01032--004 \*\*676.25

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM IAN SCHRAGER HOTELS LLC 475 TENTH AVE., 11TH FLOOR NEW YORK NY 10018</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CHUDROW VENTURES LLC 16400 NW SECOND AVENUE SUITE 200 MIAMI FL 33169</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
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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: William T. Necker 1/5/03 212-277-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)