


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90046 043 ****50.00

DOCUMENT # M05000002692 1. Entity Name BISON RESTAURANTS, L.L.C.	
---	---

Principal Place of Business 211 NORTH ROBINSON, 12TH FLOOR ONE LEADERSHIP SQUARE OKLAHOMA CITY, OK 73102	Mailing Address 211 NORTH ROBINSON, 12TH FLOOR ONE LEADERSHIP SQUARE OKLAHOMA CITY, OK 73102
---	---

DO NOT WRITE IN THIS SPACE

04182006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-2063852	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCFALL, D. KEITH 211 NORTH ROBINSON, 12TH FLOOR OKLAHOMA CITY, OK 73102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCFALL, J. KEVIN 1721 REDWOOD LANE MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LETT, C.J. 9320 EAST CENTRAL WICHITA, KS 67206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

418-06

Date

316-636-1801

Daytime Phone #