


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000002692 1. Entity Name BISON RESTAURANTS, L.L.C.	
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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
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04242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2063852	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

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	

<p>U00000738414 05/11/07-80068-010 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  <u>CJ Lett</u>	Date <u>4-24-07</u>	Daytime Phone # <u>4-240-7</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		