2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 19, 2006 8:00 am
Secretary of State
04-19-2006 90021 018 ****50.00

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03222006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
MORTON'S OF CHICAGO/NORTH MIAMI BEACH LLC

Principal Place of Business	Mailing Address
350 WEST HUBBARD STREET, STE. 610 CHICAGO, IL 60610	350 WEST HUBBARD STREET, STE. 610 CHICAGO, IL 60610

2. Principal Place of Business	3. Mailing Address
17399 Biscayne Blvd.	325 N. LaSalle Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 500
City & State: North Miami, FL	City & State: Chicago, IL
Zip: 33160 Country: Miami-Dade	Zip: 60610 Country: COOK

4. FEI Number 20-4471721 ☐ 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)

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MORTON'S OF CHICAGO FLORIDA HOLDING, INC 350 WEST HUBBARD STREET, STE. 610 CHICAGO, IL 60610 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(address only) 325 N. LaSalle Street, Suite 500 Chicago, IL 60610 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: E. Nicholas Wagner 4/13/2006 312-755-4205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #