2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M05000003265

MORTON'S OF CHICAGO/NORTH MIAMI BEACH LLC



FILED Apr 16, 2007 08:00 Al Secretary of State

Principal Place of Business

17399 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33160 Mailing Address

325 N. LASALLE STREET SUITE 500 CHICAGO, IL 60610

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

01302007 No Chq-LLC 4. FEI Number

Applied For

20-4471721

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

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The above named entity submits this statement for the purpose of changing its registered office	e or registered agent, or both, in the St	tate of Florida. I am familiar with, and accept
the obligations of registered agent,		

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

000000707473 04/24/07-80078-007 50.00

DATE

9. MANAGING MEMBERS/MANAGERS MGR TITLE MORTON'S OF CHICAGO FLORIDA HOLDING, INC NAME STREET ADDRESS 325 N. LASALLE STREET, SUITE 500 CHICAGO, IL 60610 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable.

DO NOT WRITE IN THIS SPACE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SECNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE