

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90058 026 ****50.00

DOCUMENT # M05000006173

1. Entity Name
OCB RESTAURANT COMPANY, LLC



Principal Place of Business
1460 BUFFET WAY
EAGAN, MN 55121-1133

Mailing Address
1460 BUFFET WAY
EAGAN, MN 55121-1133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
41-1777607

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 MGR ☒ Delete
NAME HATLEN, ROE
STREET ADDRESS 1460 BUFFET WAY
CITY-ST-ZIP EAGAN, MN 551211133

TITLE Mgr ☐ Change ☒ Addition
NAME Wall, A. Keith
STREET ADDRESS 1460 Buffet Way
CITY-ST-ZIP Eagan MN 55121-1133

TITLE MGR ☐ Delete
NAME ANDREWS, R. MICHAEL JR.
STREET ADDRESS 1460 BUFFET WAY
CITY-ST-ZIP EAGAN, MN 551211133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MITCHELL, H. THOMAS
STREET ADDRESS 1460 BUFFET WAY
CITY-ST-ZIP EAGAN, MN 551211133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME HOLOVIA, PAUL
STREET ADDRESS 1460 BUFFET WAY
CITY-ST-ZIP EAGAN, MN 551211133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Paul Holovnia

4-24-06

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

Date

Daytime Phone #