2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Land Steel and Signature and typed or printed name of signing managing member, manager, or authorized representative

DOCUMENT # M05000006173

1. Entity Name
OCB RESTAURANT COMPANY, LLC



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

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

Daytime Phone #

					1	TIES						
Principal Place		;	Mailing Address									
1460 BUFFET WAY EAGAN, MN 55121-1133			1460 BUFFET WAY EAGAN, MN 55121-1133									
2. Principal P	lace of Busin	ess	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202006	6 Chg-LL0)	CR2E	083 (11/05)		
City & State			City & State				4. FEI Num 41-17	nber 77607				pplied For ot Applicable
Zip Country			Zip Country					ate of Status De	sired		\$5.00 Ad	Iditional ed
6. Name and Address of Current F			egistered Agent				7. Name and Address of New Registered Agent					
			Name									
C T_CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			· · · •		Street Address (P.O. Box Number is Not Acceptable)							
PLANTATION, FL 33324												
				City	City				FI	Zip Coo	de	
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 MEMBE	RS/MANAGERS	10.				ADDI	TIONS/	CHANGE	s	
TITLE	MGR		Delete	THE		wol) A V.	مالحن			Change	⊠ Addition
NAME	HATLEN,			NAM	EET ADDRESS	Mai	1, A. K	t War TIN				
STREET ADDRESS CITY - ST-ZIP	s 1460 BUFFET WAY EAGAN, MN 551211133				-ST-ZIP		60 Buffet Way Agan MN 55121-1133					
TITLE	MGR		☐ Delete	τιτι	E		<u> </u>	<u> </u>			☐ Change	Addition
NAME	ř .	S, R. MICHAEL JR.		NAM	_		•					
STREET ADDRESS CITY-ST-ZIP		FET WAY MN 551211133			EET ADDRESS '-ST-ZIP							
TITLE	MGR	AN 331211133	Delete	TITL							☐ Change	☐ Addition
NAME		L, H. THOMAS	O Delete	NAM								
STREET ADDRESS		FET WAY			EET ADDRESS							
CITY-ST-ZiP	EAGAN, N	AN 551211133	· · · · · · · · · · · · · · · · · · ·	-	-ST-ZIP		,					
TITLE NAME	MGR HOLOVNI	A DALII	☐ Delete	TITL							☐ Change	Addition
STREET ADDRESS	F	FET WAY			EET ADDRESS							
CITY-ST-ZIP	1	MN 551211133		CITY	r-ST-ZIP							
TITLE			☐ Delete	TITL							Change	Addition
NAME				NAM	ie Eet address							
STREET ADDRESS CITY-ST-ZIP					r-ST-ZIP							
TITLE			☐ Delete	TITL	E			*** ***			☐ Change	☐ Addition
NAME				NAM								
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-ST-ZIP							
11 I horoby	nortify that th	e information eventied with	this filing does not qualify for	the exe	emotions co	ontained	in Chanter 1	19. Florida Stati	ites. I fu	irther cert	ify that the in	formation
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.												ger of the