

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**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**



04232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WALL, KEITH A  
1460 BUFFET WAY  
EAGAN, MN 551211133**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HOLOVANIA, PAUL  
1460 BUFFET WAY  
EAGAN, MN 551211133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000745917  
05/16/07-80047-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, Manager*

4-24-07

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

Date

Daytime Phone #