2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000006173

1. Entity Name
OCB RESTAURANT COMPANY, LLC

FILED
Sep 03, 2008 08:00 AM
Secretary of State

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

Mailing Address
1460 BUFFET WAY
EAGAN, MN 55121-1133

08112008 No Chg-LLC CR2E083 (12/07)

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

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WALL, KEITH A
STREET ADDRESS	1460 BUFFET WAY
CITY-ST-ZIP	EAGAN, MN 551211133
TITLE	MGR
NAME	ANDREWS, R. MICHAEL JR.
STREET ADDRESS	1460 BUFFET WAY
CITY-ST-ZIP	EAGAN, MN 551211133
TITLE	MGR
NAME	MITCHELL, H. THOMAS
STREET ADDRESS	1460 BUFFET WAY
CITY-ST-ZIP	EAGAN, MN 551211133
TITLE	MGR
NAME	HOLOVNIA, PAUL
STREET ADDRESS	1460 BUFFET WAY
CITY-ST-ZIP	EAGAN, MN 551211133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000958764
09/03/08-80001-013-138.75

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 PAUL HOLOVNIA ASSISTANT SECRETARY 8-19-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #