## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M05000006861

BEHNIA, ROYA

CHICAGO, IL 60606

TWO NORTH RIVERSIDE PLAZA, SUITE 950

Name:

Address:

City-St-Zip:

Entity Name: RESTAURANT CASH LLC

FILED Apr 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** TWO NORTH RIVERSIDE PLAZA, SUITE 950 CHICAGO, IL 60606 **Current Mailing Address: New Mailing Address:** TWO NORTH RIVERSIDE PLAZA, SUITE 950 CHICAGO, IL 60606 FEI Number: 87-0757627 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete REWARDS NETWORK ESTAVLISHMENT SERVICES INC Name: Name: Address: TWO NORTH RIVERSIDE PLAZA Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: Title: ( ) Delete Title: PRES (X) Change ( ) Addition Name: BLAKE, RONALD L Name: BLAKE, RONALD L Address: TWO NORTH RIVERSIDE PLAZA, SUITE 950 Address: TWO NORTH RIVERSIDE PLAZA, SUITE 950 City-St-Zip: CHICAGO, IL 60606 City-St-Zip: CHICAGO, IL 60606 Title: () Delete Title: **TRES** (X) Change ( ) Addition LOCKE, CHRISTOPHER J LOCKE, CHRISTOPHER J Name: Name: TWO NORTH RIVERSIDE PLAZA, SUITE 950 TWO NORTH RIVERSIDE PLAZA, SUITE 950 Address: Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: CHICAGO, IL 60606 (X) Change ( ) Addition Title: ( ) Delete Title: SECR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

BEHNIA, ROYA

CHICAGO, IL 60606

TWO NORTH RIVERSIDE PLAZA, SUITE 950

SIGNATURE: ROYA BEHNIA SEC 04/14/2009