

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002221

FILED
Jun 16, 2009
Secretary of State

Entity Name: MIAMI STEAKHOUSE--300 BISCAYNE, LLC

Current Principal Place of Business:

5032 FRANCE AVENUE SOUTH
EDINA, MN 55410

New Principal Place of Business:

5605 WEST 36TH STREET, SUITE 204
ST. LOUIS PARK, MN 55416

Current Mailing Address:

5032 FRANCE AVENUE SOUTH
EDINA, MN 55410

New Mailing Address:

5605 WEST 36TH STREET, SUITE 204
ST. LOUIS PARK, MN 55416

FEI Number: 20-8016712 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: CARLSON, ROBERT
Address: 5605 W. 36TH ST., SUITE 205
City-St-Zip: ST. LOUIS PARK, MN 55416

Title: MGR () Delete
Name: BANNERMAN, KOREY
Address: 5605 W. 36TH ST., SUITE 205
City-St-Zip: ST. LOUIS PARK, MN 55416

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ROBERT CARLSON

MGR

06/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date