File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE



1999 JUN 28 AM 11: 25

ANNUAL REPORT 1999		DIVIS	Katherine Harris Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE. FLORIDA		
	FEE Annual Report \$100.00	]					
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # M9600000351							
of Limited Liability Company DOCUMEN # M96000000351							
PRIME STEAK-JACKSONVILLE, L.L.C.					1a. Principal Place of Business Address		
PO BOX 65078					2354 S. ACADIAN THRUWAY, SUI		
BATON ROUGE LA 70810					BATON ROUGE LA		
2. Principal Place of Business 2a. Mailing Address					3. Date Organize	d or Qualified T	3a. State of Formation
			. Walling Madical			996	LA
Sulte, Apt	#, etc.	Suite, Apt. #, etc.	a, Apt. #, etc.			330	
City & Sta	<u> </u>	City & State			4. FEI Number	C00	Applied For
City a Sta		City a State			72-1332607 Not Applicable		
Zip	Country	Zip	Coun	ltry	5. Date of Last R	eport	Certificate of Status Desired
		70896-50	18		03/05/1	998	\$8.75 Additional Fee Required
7. Name and Address of Current Registered			<del></del>	Name	Name and Address of New Registered Agent/Office		
C T CORPORATION SYSTEM							
	SOUTH PINE ISLAND	ROAD	Street Address (I		P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324							
•			Sulte, Apt. #, etc.				,
				City	Zip Code		
				l	FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.							
SIGNATURE						DATE	
(Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating  10. Title Managing Members/Managers Business Street Address					1)	City	State and Zip Code
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MGRM	MORAN, THOMAS J	235	4 S. A	CADIAN TH	RUWAY. S	BATON	ROUGE LA
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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

(225)389-9990



June 23, 1999

Florida Department Of State Division of Corporations Corporate Records P.O. Box 6327 Tallahassee, Florida 82314

Document # M9600000351 Prime Steak-Jacksonville, L.L.C.

## Dear Sir or Madam:

This letter comes to you as a request to waive penalty for our delayed annual report filing. We sincerely regret the untimely manner of this return, but ask you to waive penalty due to our past fiting history with your office.

We experienced a turnover in this position in the early part of this year. It is an unfortunate event and certainly an isolated event. We will continue our timely returns from this day on

Please consider our waiver of penalty request. Should you need any assistance, please contact me at once. I will do all possible to resolve this matter in the best interest of both parties.

Thank you in advance for your consideration and prompt attention to our request.

Sincerely,

Melanic Witherton

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