

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000351

FILED
Apr 24, 2006
Secretary of State

Entity Name: PRIME STEAK-JACKSONVILLE, L.L.C.

Current Principal Place of Business:

1201 RIVER PLACE BLVD
JACKSONVILLE, FL 32207

New Principal Place of Business:

1201 RIVERPLACE BLVD
JACKSONVILLE, FL 32207

Current Mailing Address:

PO BOX 65078
BATON ROUGE, LA 708965078

New Mailing Address:

FEI Number: 72-1332607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM () Delete
Name: MORAN, THOMAS J
Address: 2354 S. ACADIAN THRUWAY, SUITE A
City-St-Zip: BATON ROUGE, LA

Title: MGR () Delete
Name: HARRIS, STAN
Address: 2354 S. ACADIAN THRUWAY, SUITE A
City-St-Zip: BATON ROUGE, LA

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORAN, THOMAS J
Address: 2354 S. ACADIAN THRUWAY, SUITE A
City-St-Zip: BATON ROUGE, LA 70808

Title: MGR (X) Change () Addition
Name: HARRIS, STAN
Address: 2354 S. ACADIAN THRUWAY, SUITE A
City-St-Zip: BATON ROUGE, LA 70808

I hereby certify that the information supplied with this filing does not qualify for the 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: J. STAN HARRIS

MGR

04/24/2006

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