


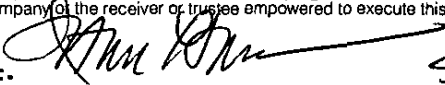
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90059 033 ****50.00

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DOCUMENT # M99000000033					
1. Entity Name PRIME STEAK-PONTE VEDRA, L.L.C.					
Principal Place of Business 2354 S. ACADIAN THURWAY, SUITE A C/O THOMAS J. MORAN BATON ROUGE, LA 70808			Mailing Address 2354 S. ACADIAN THURWAY, SUITE A C/O THOMAS J. MORAN BATON ROUGE, LA 70808		
2. Principal Place of Business 814 AIA North Suite, Apt. #, etc. Suite 103		3. Mailing Address P.O. Box 65078 Suite, Apt. #, etc.		04222004 Chg-LLC CR2E083 (10/03)	
City & State Ponte Vedra Beach, FL		City & State Baton Rouge, LA		4. FEI Number 72-1432780	
Zip 32082		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 70896-5078		Country USA			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORAN, THOMAS J	NAME			
STREET ADDRESS	2354 S. ACADIAN THURWAY, SUITE A	STREET ADDRESS			
CITY-ST-ZIP	BATON ROUGE, LA 70808	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, J. STAN	NAME			
STREET ADDRESS	2354 S. ACADIAN THURWAY	STREET ADDRESS			
CITY-ST-ZIP	BATON ROUGE, LA 70808	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Stan Harris		4/26/04 (25)389-9990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	