


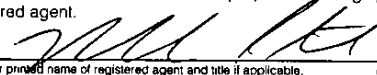
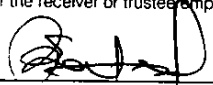
**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90331 025 \*\*\*\*50.00

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DOCUMENT # L02000011344						
1. Entity Name SARRK RESTAURANTS L.L.C.						
Principal Place of Business 18305 WEYBURNE AVE. TAMPA, FL 33647			Mailing Address 18305 WEYBURNE AVE. TAMPA, FL 33647			
2. Principal Place of Business - No P.O. Box # 19046 BRUCE B. DOWNS BLVD Suite, Apt. #, etc. SUITE 301 City & State TAMPA, FL		3. Mailing Address Suite, Apt. #, etc. D City & State		04272007 Chg-LLC CR2E083 (12/06)		
Zip 33647		Country USA	Zip	Country	4. FEI Number 02-0596838	
				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						
6. Name and Address of Current Registered Agent PATEL, NILESH M 115 SOUTH WILLOW AVE. TAMPA, FL 33606			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 117 SO. WILLOW AVE, SUITE 200 City TAMPA, FL FL Zip Code 33606			
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 		DATE 4/29/07				
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)				
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARRK MANAGEMENT LLC 18305 WEYBURNE AVE TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, MAGAN N 319 BRENTWOOD DRIVE TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESAI, KETAN J 135 DORSET HOUSE, GLOUCESTER PLACE LONDON, NW1 5AQ ENGLAND UK, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SARJU R 18305 WEYBURNE AVE TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARJU R. PATEL 19046 BRUCE B DOWNS BLVD, SUITE 301 TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		SARJU R. PATEL		04/28/07 813-240-2135		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #		