

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000002169

1. Entity Name  
 27 RESTAURANT COMPANY, LLC



Principal Place of Business  
 943 S.E. FORT KING STREET  
 OCALA, FL 34471

Mailing Address  
 P.O. BOX 3778  
 OCALA, FL 34478



03052004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3630978

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CAMP, GENE B  
 943 S.E. FORT KING STREET  
 OCALA, FL 34471

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CAMP, GENE B
STREET ADDRESS	943 SE FT KING STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	FORE, MERRITT C JR
STREET ADDRESS	943 SE FT KING
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	FORE, MERRITT C III
STREET ADDRESS	943 SE FT KING ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	CAMP, KEVIN B
STREET ADDRESS	943 SE FT KING
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	CLIFFORD, KRISTEN C
STREET ADDRESS	943 SE FT KING STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	FORE, MAC P
STREET ADDRESS	943 SE FT KING STREET
CITY-ST-ZIP	OCALA, FL 34471

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 04/02/04-80032-019 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: [Signature] 3-03-04 (352)732-8060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #