


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000002169 1. Entity Name 27 RESTAURANT COMPANY, LLC	
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Principal Place of Business 943 S.E. FORT KING STREET OCALA, FL 34471	Mailing Address P.O. BOX 3778 OCALA, FL 34478
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DO NOT WRITE IN THIS SPACE



03022005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3630978	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____

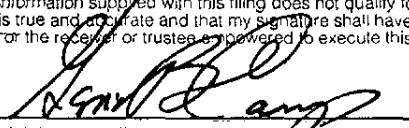
**Filing Fee is \$50.00
Due by May 1, 2005**

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

**DO NOT WRITE
IN THIS SPACE**

U00000288690
04/05/05-80019-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____