


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



Principal Place of Business Mailing Address
 943 S.E. FORT KING STREET P.O. BOX 3778
 OCALA, FL 34471 OCALA, FL 34478

DO NOT WRITE IN THIS SPACE



03022005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3630978	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
 CAMP, GENE B
 943 S.E. FORT KING STREET
 OCALA, FL 34471

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

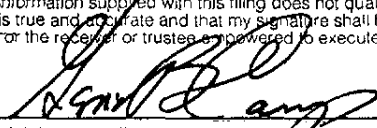
Filing Fee is \$50.00
Due by May 1, 2005

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

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 04/05/05-80019-017 50.00

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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 #