

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 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



03132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3630978

Applied For
 Not Applicable

6. 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 _____

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

U00000500386
 04/25/06-80020-010 50.00

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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 IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/15/06

Date

(352)732-8060

Daytime Phone #