


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 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
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3630978	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
CAMP, GENE B 943 S.E. FORT KING STREET OCALA, FL 34471

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

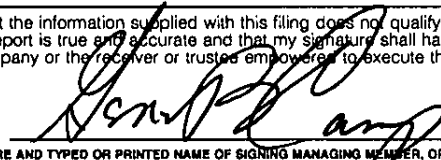
**Filing Fee is \$50.00
Due by May 1, 2007**

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

U00000710268
04/25/07-80037-012 50.00

**DO NOT WRITE
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:  **3/28/07 352-732-8060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #