

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008 08:00 AM
Secretary of State

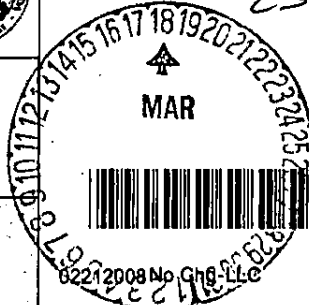
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DOCUMENT # L0000002169
 1. Entity Name
 27 RESTAURANT COMPANY, LLC



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

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



CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000886727
 04/18/08-80070-001 138.75

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

Date: 3/13/08
 Daytime Phone #: 352-752-8060