

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002169

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: 27 RESTAURANT COMPANY, LLC

**Current Principal Place of Business:**

943 S.E. FORT KING STREET  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3778  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 59-3630978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAMP, GENE B  
943 S.E. FORT KING STREET  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CAMP, GENE B  
Address: 943 SE FT KING STREET  
City-St-Zip: Ocala, FL 34471

Title: MGRM ( ) Delete  
Name: FORE, MERRITT C JR  
Address: 943 SE FT KING  
City-St-Zip: Ocala, FL 34471

Title: MGRM ( ) Delete  
Name: FORE, MERRITT C III  
Address: 943 SE FT KING ST  
City-St-Zip: Ocala, FL 34471

Title: MGRM ( ) Delete  
Name: CAMP, KEVIN B  
Address: 943 SE FT KING  
City-St-Zip: Ocala, FL 34471

Title: MGRM ( ) Delete  
Name: CLIFFORD, KRISTEN C  
Address: 943 SE FT KING STREET  
City-St-Zip: Ocala, FL 34471

Title: MGRM ( ) Delete  
Name: FORE, MAC P  
Address: 943 SE FT KING STREET  
City-St-Zip: Ocala, FL 34471

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GENE B. CAMP

MGRM

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date