


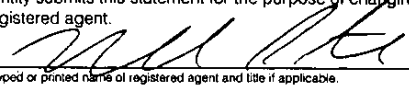
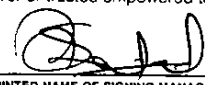
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90331 026 ****50.00

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DOCUMENT # L01000012130			
1. Entity Name SARRK PROPERTIES L.L.C.			
Principal Place of Business 18305 WEYBURNE AVENUE TAMPA, FL 33647		Mailing Address 18305 WEYBURNE AVE TAMPA, FL 33647	
2. Principal Place of Business - No P.O. Box # 19046 BRUCE B. DOWNS BLVD		3. Mailing Address	
Suite, Apt. #, etc. SUITE 301		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State	
Zip 33647	Country USA	Zip	Country
6. Name and Address of Current Registered Agent PATEL, NILESH M 115 SOUTH WILLOW AVE. TAMPA, FL 33606		7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 117 SOUTH WILLOW AVE, SUITE 200 City: TAMPA FL Zip Code: 33606	
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: 4/29/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SARRK MANAGEMENT LLC 18305 WEYBURNE AVE TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SARRK MANAGEMENT, LLC 19046 BRUCE B DOWNS BLVD, SUITE 301 TAMPA, FL 33647. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, SARJU R 18305 WEYBURNE AVE TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, SARJU R. 19046 BRUCE B DOWNS BLVD, SUITE 301 TAMPA, FL 33647. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  - SARJU R. PATEL		Date: 04/28/07	Daytime Phone #: 813-240-2135
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			