

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012130

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: SARRK PROPERTIES L.L.C.

**Current Principal Place of Business:**

19046 BRUCE B DOWNS BLVD  
SUITE 301  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

19046 BRUCE B DOWNS BLVD  
SUITE 301  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 59-3732664      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PATEL, NILESH M  
117 SOUTH WILLOW AVE. SUITE 200  
TAMPA, FL 33606 US

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

PATEL, NILESH M  
2024 W. CLEVELAND STREET  
TAMPA, FL 33606 US

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:

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SARRK MANAGEMENT LLC  
Address: 19046 BRUCE B DOWNS BLVD, SUITE 301  
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete  
Name: PATEL, SARJU R  
Address: 19046 BRUCE B DOWNS BLVD, SUITE 301  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SARRK MANAGEMENT LLC  
Address: 19046 BRUCE B DOWNS BLVD, SUITE 301  
City-St-Zip: TAMPA, FL 33647

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: SARJU R PATEL

MGRM

04/29/2009

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