

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010698

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: IMPACT FHS RESTAURANTS L.L.C.

## Current Principal Place of Business:

7627 COURTNEY CAMBELL CAUSEWAY  
TAMPA, FL 33607

## New Principal Place of Business:

16057 TAMPA PALMS BLVD WEST #346  
TAMPA, FL 33647

## Current Mailing Address:

16057 TAMPA PALMS BLVD WEST  
SUITE 346  
TAMPA, FL 33647

## New Mailing Address:

FEI Number: 43-1959707      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATEL, NILESH  
115 SOUTH WILLOW AVE.  
TAMPA, FL 33606      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/MEMBERS:

Title: MGRM ( ) Delete  
Name: KANJI, DILIP  
Address: 7627 COURTNEY CAMBELL CAUSEWAY  
City-St-Zip: TAMPA, FL 34607

Title: MGRM ( ) Delete  
Name: SHEMAKAR, TUSHAR J  
Address: 15608 COCHESTER RD  
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete  
Name: KANJI, NARESH  
Address: 7627 COURTNEY CAMPBELL CAUSEWAY  
City-St-Zip: TAMPA, FL 33607

Title: MGRM ( ) Delete  
Name: PATEL, NILESH  
Address: 115 SOUTH WILLOW AVE  
City-St-Zip: TAMPA, FL 33606

Title: MGRM ( ) Delete  
Name: PATEL, SARJU  
Address: 18305 WEYBURN AVE  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KANJI, DILIP  
Address: 3001 N ROCKY POINT DRIVE EAST # 390  
City-St-Zip: TAMPA, FL 33607

Title: MGRM (X) Change ( ) Addition  
Name: SHEMAKAR, TUSHAR J  
Address: 16057 TAMPA PALMS BLVD WEST #346  
City-St-Zip: TAMPA, FL 33647

Title: MGRM (X) Change ( ) Addition  
Name: KANJI, NARESH  
Address: 3001 N ROCKY POINT DRIVE EAST # 390  
City-St-Zip: TAMPA, FL 33607

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 for the exemption stated in Section 119.07(3)(i), 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: TUSHAR J. SHEMAKAR

MGRM

04/27/2005

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