


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90018 048 ****50.00

DOCUMENT # L02000011344
 1. Entity Name
 SARRK RESTAURANTS L.L.C.



Principal Place of Business
 18305 WEYBURNE AVE.
 TAMPA, FL 33647

Mailing Address
 18305 WEYBURNE AVE.
 TAMPA, FL 33647

20056103



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04272005 Chg-LLC CR2E083 (10/03)

City & State
 Zip Country

4. FEI Number
 02-0596838

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired \$5.00 Additional Fee Required

PATEL, NILESH M
 115 SOUTH WILLOW AVE.
 TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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


**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
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 PATEL, MAGAN N 319 BRENTWOOD DRIVE TAMPA, FL 33617 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESAI, KETAN J 135 DORSET HOUSE, GLOUCESTER PLACE LONDON, NW1 5AQ ENGLAND UK, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SARJU R 18305 WEYBURNE AVE TAMPA, FL 33647 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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 60B, Florida Statutes.

SIGNATURE:  SARJU R. PATEL 04/26/05 813-283-0065 x1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #