2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L02000012535

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

Current Principal Place of Business:

7627 COURTNEY CAMPBELL 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: 02-0604007 **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 CAMPBELL CAUSEWAY
City-St-Zip: TAMPA, FL 34607

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

Title: MGRM ( ) Delete
Name: PATEL, SARJU
Address: 18305 WEYBURNE AVE
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

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: SHEMBEKAR, TUSHAR J
Address: 16057 TAMPA PALMS BLVD WEST # 346
City-St-Zip: TAMPA, FL 33647

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

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:

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. SHEMBEKAR MGRM 04/27/2005

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