

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000013021

1. Entity Name
SHARI'S RESTAURANT LLC.



Principal Place of Business
1709 E OAKWOOD LANE
PLANT CITY, FL 33566

Mailing Address
1709 E OAKWOOD LANE
PLANT CITY, FL 33566



07132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0791064

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARRIS, SHARI L
1709 E OAKWOOD LANE
PLANT CITY, FL 33566

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ILIAS, SARRIS
1709 E. OAKWOOD LANE
PLANT CITY, FL 33560

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SARRIS, SHARI
1709 E. OAKWOOD LANE
PLANT CITY, FL 33560

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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09/01/04-80001-012 55.00

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IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:

Shari L Sarris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/26/04

Date

863-665-8565

Daytime Phone #