2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L02000018022

Entity Name: SARRK HCX OF TAMPA BAY L.L.C.

Current Principal Place of Business:

18305 WAYBURNE AVE
TAMPA, FL 33647

New Principal Place of Business:

18305 WEYBURNE AVE
TAMPA, FL 33647

Current Mailing Address:

18305 WAYBURNE AVE
TAMPA, FL 33647

New Mailing Address:

18305 WEYBURNE AVE
TAMPA, FL 33647

FEI Number: 02-0633190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, NILESH M
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/MANAGERS:

Title: MGRM ( ) Delete
Name: SARRK MANAGEMENT,
Address: 18305 WEYBURNE AVE
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete
Name: PATEL, NILESH M
Address: 319 BRENTWOOD DRIVE
City-St-Zip: TAMPA, FL 33617

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

ADDITIONS/CHANGES:

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

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 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 04/28/2006

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