

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90390 001 ***100.00

30006333



DOCUMENT # L02000018022 1. Entity Name SARRK HCX OF TAMPA BAY L.L.C.					
Principal Place of Business 18305 WEYBURN AVE TAMPA, FL 33647			Mailing Address 18305 WEYBURN AVE TAMPA, FL 33647		
2. Principal Place of Business - No P.O. Box # 19046 BRUCE B DOWNS BLVD		3. Mailing Address Suite, Apt. #, etc. SUITE 301			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 02-0633190	
Zip 33647		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, NILESH M 115 SOUTH WILLOW AVE. TAMPA, FL 33606			7. Name and Address of New Registered Agent Name NILESH M. PATEL Street Address (P.O. Box Number is Not Acceptable) 117 SOUTH WILLOW AVE, SUITE 200 City TAMPA FL Zip Code 33606		
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 <u><i>[Signature]</i></u> DATE <u>4/29/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SARRK MANAGEMENT 18305 WEYBURN AVE TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SARRK MANAGEMENT, LLC 19046 BRUCE B. DOWNS BLVD, SUITE 301 TAMPA, FL 33647
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, NILESH M 319 BRENTWOOD DRIVE TAMPA, FL 33617	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, NILESH M 319 BRENTWOOD DRIVE TAMPA, FL 33617
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, SARJU R 18305 WEYBURN AVE TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, SARJU R 18305 WEYBURN AVE TAMPA, FL 33647
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, SARJU R 18305 WEYBURN AVE TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, SARJU R 18305 WEYBURN AVE TAMPA, FL 33647
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>[Signature]</i></u> - SARJU R PATEL Date <u>04/28/07</u> 813-240-2135 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					