

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027683

FILED  
Jan 13, 2006  
Secretary of State

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

**Current Principal Place of Business:**

16057 TAMPA PALMS BLVD WEST # 346  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

16057 TAMPA PALMS BLVD WEST  
SUITE 346  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 13-4217155      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, NILESH  
115 SOUTH WILLOW AVENUE  
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: KANJI, DILIP  
Address: 3001 N ROCKY POINT DRIVE EAST # 390  
City-St-Zip: TAMPA, FL 33607

Title: MGRM ( ) Delete  
Name: SHEMBEKAR, TUSHAR J  
Address: 16057 TAMPA PALMS BLVD WEST # 346  
City-St-Zip: TAMPA, FL 33647

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

Title: MGRM ( ) Delete  
Name: PATEL, NILESH  
Address: 115 SOUTH WILLOW AVE  
City-St-Zip: TAMPA, FL 33606

Title: MGRM ( ) Delete  
Name: KANJI, NARESH  
Address: 3001 N ROCKY POINT DRIVE EAST # 390  
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:

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: TUSHAR J SHEMBEKAR

MGRM

01/13/2006

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