

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027683

FILED
Feb 21, 2008
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: MGRM (X) Change () Addition
Name: KANJI, DILIP
Address: 3030 N ROCKY POINT DRIVE W #820
City-St-Zip: TAMPA, FL 33607

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: MGRM (X) Change () Addition
Name: KANJI, NARESH
Address: 3030 N ROCKY POINT DRIVE W #820
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify 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

02/21/2008

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