


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90096 049 ***138.75

DOCUMENT # L03000029090

1. Entity Name
SUNCOAST RESTAURANTS LLC



Principal Place of Business
9409 US HWY 19
STE 679A
PORT RICHEY, FL 34668 US

Mailing Address
5323 BEACH BLVD
MASON, OH 45040 US

60044652



2. Principal Place of Business - No P.O. Box #
30 TRI COUNTY PARKWAY

3. Mailing Address
30 TRI COUNTY PARKWAY

Suite, Apt. #, etc.

07082008 Chg-LLC CR2E083 (12/06)

City & State
CINCINNATI, OH

City & State
CINCINNATI, OH

Zip
45246 Country
USA

Zip
45246 Country
USA

4. FEI Number
02-0227858

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, CHETAN
3941 TAMIAMI TRAIL
UNIT 3169
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Chetan Patel DATE 7/8/08

Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PATEL, SANMUKH	
STREET ADDRESS	180 PINNACLE PEAK	
CITY - ST - ZIP	FAIRFIELD, OH 45014	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PATEL, RAVINDRA	
STREET ADDRESS	16606 VILLALENDIA DE AVILA	
CITY - ST - ZIP	TAMPA, FL 33613	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PATEL, JITENDRA M	
STREET ADDRESS	126 B CLUB HOUSE LN	
CITY - ST - ZIP	LEBANON, OH 45036	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BHAKTA, KANTI	
STREET ADDRESS	201 MANSION ST	
CITY - ST - ZIP	LOUISIANA, MO 63353	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Sammuth Patel MGRM DATE 7/8/08 DAYTIME PHONE # 513.771.3568

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