

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025644

Entity Name: SRA RESTAURANT I, LLC

FILED
Feb 19, 2006
Secretary of State

Current Principal Place of Business:

11359 WILLOW GARDENS DR.
WINDERMERE, FL 34786 US

New Principal Place of Business:

P.O. BOX 770457
WINTER GARDEN, FL 34777 US

Current Mailing Address:

11359 WILLOW GARDENS DR.
WINDERMERE, FL 34786 US

New Mailing Address:

P.O. BOX 770457
WINTER GARDEN, FL 34777 US

FEI Number: 20-1145624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENS, MONROE S
2545 REGAL RIVER RD.
VALRICO, FL 33594 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: SEXTON, PAUL R
Address: 11359 WILLOW GARDENS DR.
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: STEPHENS, MONROE S
Address: 2545 REGAL RIVER RD.
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: BADE, JAY
Address: 1075 BROAD RIPPLE AVE., PMB 228
City-St-Zip: INDIANAPOLIS, IN 46220 US

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: PAUL R. SEXTON

MGRM

02/19/2006

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