


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2007 90331 021 ****50.00

DOCUMENT # L04000037554		
1. Entity Name SARRK MANAGEMENT, L.L.C.		

60047306

Principal Place of Business 18305 WEYBURN AVENUE TAMPA, FL 33647	Mailing Address 18305 WEYBURN AVENUE TAMPA, FL 33647
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2. Principal Place of Business - No P.O. Box # 19046 BRUCE B. DOWNS BLVD		3. Mailing Address	
Suite, Apt. #, etc. SUITE 301		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State	
Zip 33647	Country USA	Zip	Country

04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1124653		Applied For <input type="checkbox"/> Not Applicable
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 So. 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  DATE 4/29/07

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 PATEL, RUPESH R 18305 WEYBURN AVENUE TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16057 TAMPA PALMS BLVD W. SUITE 362
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19046 BRUCE B. DOWNS BLVD, SUITE 301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

 - SARIN R PATEL

Date

Daytime Phone #

4/28/07 813-2402135