

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015175

FILED
Apr 17, 2006
Secretary of State

Entity Name: IMPACT FHS RESTAURANTS VII, LLC

Current Principal Place of Business:

7627 COURTNEY CAMPBELL CAUSEWAY
TAMPA, FL 33607

New Principal Place of Business:

16057 TAMPA PALMS BLVD WEST
SUITE # 346
TAMPA, FL 33647

Current Mailing Address:

7627 COURTNEY CAMPBELL CAUSEWAY
TAMPA, FL 33607

New Mailing Address:

16057 TAMPA PALMS BLVD WEST
SUITE # 346
TAMPA, FL 33647

FEI Number: 20-4606961

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: 7627 COURTNEY CAMPBELL CAUSEWAY
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: SHEMAKAR, TUSHAR
Address: 7627 COURTNEY CAMPBELL CAUSEWAY
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KANJI, DILIP
Address: 3001 N. ROCKY POINT DRIVE E STE#390
City-St-Zip: TAMPA, FL 33607

Title: MGRM (X) Change () Addition
Name: SHEMAKAR, TUSHAR
Address: 16057 TAMPA PALMS BLVD W # 346
City-St-Zip: TAMPA, FL 33647

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 SHEMAKAR

MGRM

04/17/2006

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