
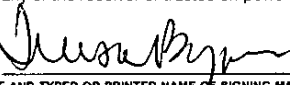


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90372 039 \*\*\*\*50.00

|  |   |  |   |   |                 |
|--|---|--|---|---|-----------------|
| <b>DOCUMENT # L06000050614</b><br>1. Entity Name<br><b>PATRICK'S RESTAURANT &amp; LOUNGE, LLC</b>  |   |  |   |  |                 |
| Principal Place of Business<br><b>7431 SOUTH SUNCOAST BLVD.<br/>HOMOSASSA, FL 34446</b>  |   |  | Mailing Address<br><b>10261 CARRIN ROAD<br/>SPRING HILL, FL 34608</b> |   |                 |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |   |                 |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |   |                 |
| City & State   |   | City & State   |   |   |                 |
| Zip  | Country   | Zip  | Country   |   |                 |
|  |   | 01192007 Chg-LLC   |   | CR2E083 (12/06)   |                 |
| 4. FEI Number<br><b>13-4332944</b>   |   |  |   | Applied For<br>Not Applicable   |                 |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | <b>\$5.00</b> Additional Fee Required   |                 |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent                           |   |                 |
| <b>SAKER, JUDI<br/>7374 BLACKHAWK TRAIL<br/>SPRING HILL, FL 34606</b>  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City    |   |                 |
|  |   |  | <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |   |   |                 |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |                 |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES   |   |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>BYRNE, TERESA<br/>10261 CARRIN ROAD<br/>SPRING HILL, FL 34608</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |   |   |                 |
| <b>SIGNATURE:</b>   |   |  |   |   |                 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | Date  |   | Daytime Phone # |