

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000050614**  
 1. Entity Name  
**PATRICK'S RESTAURANT & LOUNGE, LLC**



Principal Place of Business      Mailing Address  
**7431 SOUTH SUNCOAST BLVD.**      **10261 CARRIN ROAD**  
**HOMOSASSA, FL 34446**      **SPRING HILL, FL 34608**

**DO NOT WRITE IN THIS SPACE**



01242008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>13-4332944</b>	Applied For 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  
**SAKER, JUDI**  
**7374 BLACKHAWK TRAIL**  
**SPRING HILL, FL 34606**

**DO NOT WRITE IN THIS SPACE**

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 re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$338.75**

U00000878207  
 04/14/08-80045-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BYRNE, TERESA</b> <b>10261 CARRIN ROAD</b> <b>SPRING HILL, FL 34608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Teresa Byrne*      3-29-08      352-428-9469  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #