

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000793

FILED  
Jul 07, 2005  
Secretary of State

Entity Name: ARK TAMPA, LLC

## Current Principal Place of Business:

C/O ARK RESTAURANTS CORP.  
85 FIGTH AVENUE  
NEW YORK, NY 10003

## New Principal Place of Business:

C/O ARK RESTAURANTS CORP.  
85 FIFTH AVENUE  
NEW YORK, NY 10003

## Current Mailing Address:

C/O ARK RESTAURANTS CORP.  
85 FIGTH AVENUE  
NEW YORK, NY 10003

## New Mailing Address:

C/O ARK RESTAURANTS CORP.  
85 FIFTH AVENUE  
NEW YORK, NY 10003

FEI Number: 32-0098416      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: ARK HOLLYWOOD/TAMPA, INVESTMENT, LL C  
Address: 85 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10003

## ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: ROBERT J. STEWART

CFO

07/07/2005

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