


FILED
Jul 08, 2004 8:00 am
Secretary of State

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

07-08-2004 90012 019 ****50.00

DOCUMENT # L03000015392

1. Entity Name
 GREAT ITALIAN FOOD, L.L.C.



14025032

Principal Place of Business: 14 WINCHESTER ROAD, ORMOND BEACH, FL 32174
 Mailing Address: 14 WINCHESTER ROAD, ORMOND BEACH, FL 32174



2. Principal Place of Business: 1456 Ocean Shore Blvd, Suite, Apt. #, etc.
 3. Mailing Address: 14 Winchester Rd, Suite, Apt. #, etc.

07022004 Chg-LLC CR2E083 (10/03)

City & State: Ormond Beach, FL
 City & State: Ormond Beach, FL

4. FEI Number: 611448572
 Applied For: Not Applicable

Zip: 32176 Country: USA
 Zip: 32174 Country: USA

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 PEPE, DEAN G
 213 SILVER BEACH AVENUE
 DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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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 exemption stated in Section 119.07(3)(l), 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:  7/4/04 38C 437 7620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Keytime Phone #