


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # L04000050592

1. Entity Name
 PIZZALLEY'S LLC



Principal Place of Business Mailing Address

117 ST. GEORGE STREET 117 ST. GEORGE STREET
 ST. AUGUSTINE, FL 32084 US ST. AUGUSTINE, FL 32084 US

DO NOT WRITE IN THIS SPACE



02232007No Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0878287	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHELTRA, CAROL
 117 SAINT GEORGE STREET
 SAINT AUGUSTINE, FL 32084

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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 _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHELTRA, THOMAS CARL 117 ST. GEORGE STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHELTRA, CAROL ANN 117 ST. GEORGE STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHELTRA, TRAVIS JAMES 117 ST. GEORGE STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHELTRA, SHANE THOMAS 117 ST. GEORGE STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 03/14/07-80063-020 50.00

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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: Thomas Sheltra Date: 2/27/07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE