

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036570

FILED
Apr 05, 2006
Secretary of State

Entity Name: GORDY'S PIZZA BUFFET & ARCADE, LLC

Current Principal Place of Business:

1759 W. ST. MARY AVE.
PENSACOLA, FL 32501

New Principal Place of Business:

12255 B LILLIAN HWY
PENSACOLA, FL 32506

Current Mailing Address:

1759 W. ST. MARY AVE.
PENSACOLA, FL 32501

New Mailing Address:

2600 N PALAFOX ST
PENSACOLA, FL 32501

FEI Number: 20-2659910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSTON, GARY W
125 W. ROMANA STREET, SUITE 800
PENSACOLA, FL 32502 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: MGR () Delete
Name: WAY, JAMES E JR.
Address: 2600 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGR () Delete
Name: SZTUKOWSKI, GORDON M
Address: 2600 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32501

Title: ST (X) Delete
Name: WEBB, ABBIE L
Address: 2600 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: JAMES E. WAY, JR.

MGR

04/05/2006

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