
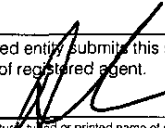
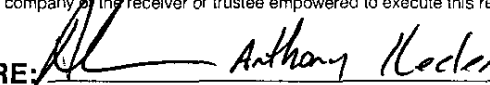


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90060 015 ****50.00

DOCUMENT # L02000004108 1. Entity Name TDK PIZZA, LC			
Principal Place of Business 4267 US HWY 90 W. LAKE CITY, FL 32055		Mailing Address 4209 US HIGHWAY 90 WEST SUITE 306 LAKE CITY, FL 32055	
2. Principal Place of Business 2372 US Hwy 90 West Suite, Apt. #, etc.		3. Mailing Address 104 BUCHANNAN Drive Suite, Apt. #, etc.	
City & State Lake City FL Zip 32055 Country		City & State Lake City, FL Zip 32024 Country	
4. FEI Number 01-0586769		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04232004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent KEDER, ANTHONY 4209 US HIGHWAY 90 WEST SUITE 306 LAKE CITY, FL 32055		7. Name and Address of New Registered Agent Name: Anthony Keeler Street Address (P.O. Box Number is Not Acceptable): 104 BUCHANNAN DRIVE City: Lake City FL Zip Code: 32024	
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: 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEELER, ANTHONY 4209 US HIGHWAY 90 WEST LAKE CITY, FL 320557708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	104 BUCHANNAN Drive LAKE City FL 32024 <input checked="" type="checkbox"/> Change <input 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
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
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
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)(i), 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:  Anthony Keeler		Date: 4/26/04 Daytime Phone #: 386-758-3130	