FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 27 AM 9:05

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # A04000001525

1. Entity Name
PIZZA PARTNERS FLORIDA, LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
9400 NORTH CENTRAL EXPRESSWAY, #1304 DALLAS, TX 75231	9400 NORTH CENTRAL EXPRESSWAY, #1304 DALLAS, TX 75231
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07112006 Chg-LP CR2E003 (11/05)

4. FEI Number: 76-0766935 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ENRIQUE, LOPEZ MR. 800 OCALA ROAD TALLAHASSEE, FL 32304	Name: Brad Everett Street Address (P.O. Box Number is Not Acceptable): 800 Ocala Road City: Tallahassee FL Zip Code: 32304

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: [signature] (Signature, typed or printed name of registered agent and title if applicable) DATE: 7-12-2006

FILE NOW!!! FEE IS $500.00
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M04000004008 TEG PIZZA GP, LLC 9400 N. CENTRAL EXPWY. #1304 DALLAS, TX 75231	STREET ADDRESS CITY-ST-ZIP	500078285235 08/02/06--01065--009 **500.00
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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: [signature] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER) Date: 7/11/06 Daytime Phone #