

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002305

Entity Name: TOP DAWG PIZZA, LLC

FILED
Apr 23, 2006
Secretary of State

Current Principal Place of Business:

1474 S 6TH STREET
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3599
PONTE VEDRA BEACH, FL 320043599

New Mailing Address:

FEI Number: 59-3630544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDDINGTON, ROBY REID
8409 PENNY PLACE
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

JONES, CRAIG T
436 CLEARWATER DRIVE
PONTE VEDRA BEACH, FL 32082 US

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: CRAIG T JONES

04/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JONES, CRAIG THOMAS
Address: 436 CLEARWATER DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR () Delete
Name: REDDINGTON, ROBY REID
Address: 8409 PENNY PLACE
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JONES, CRAIG T
Address: 436 CLEARWATER DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR (X) Change () Addition
Name: REDDINGTON, ROBY R
Address: 8409 PENNY PLACE
City-St-Zip: MACCLENNY, FL 32063

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: CRAIG T JONES

MGR

04/23/2006

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