

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90017 049 ****50.00

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04102006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L00000007122					
1. Entity Name BIG DOG PIZZA, L.C.					
Principal Place of Business 5050 W LEMON ST TAMPA, FL 33609			Mailing Address 5050 W LEMON ST TAMPA, FL 33609		
2. Principal Place of Business 5025 West Lemon Street Suite 200 Tampa, FL 33609		3. Mailing Address 5025 West Lemon Street Suite 200 Tampa, FL 33609			
4. FEI Number 41-2026172		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BEAN, THOMAS J 5050 W. LEMON ST CLEARWATER, FL 33762			7. Name and Address of New Registered Agent Thomas J. Bean 5025 West Lemon Street Suite 200 Tampa, FL 33609		
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 <u>Thomas J. Bean</u> DATE <u>4-26-06</u> <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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEAN, RONALD 5050 W LEMON ST TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5025 West Lemon Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 200 Tampa, FL 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas J. Bean, Mgr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5025 West Lemon Street Suite 200 Tampa, FL 33609 <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		
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 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: <u>Thomas J. Bean</u> DATE <u>4-26-06</u> DAYTIME PHONE # <u>813-637-2230</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					