2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009868

1. Entity Name

PITA, LC

Principal Place of Business	Mailing Address
1601 N. HALIFAX AVE DAYTONA BEACH FL 32118	1601 N. HALIFAX AVE DAYTONA BEACH FL 32118

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip — Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENNETT, JOSH N % 511 NE THIRD AVE., 2ND FLOOR FT. LAUDERDALE FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS — **10.** ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
TITLE: MGRM NAME: THE NEPTUNE TRUST STREET ADDRESS: CDIB BUILDING, AVARUA CITY-ST-ZIP: RAROTONGA, COOK ISLANDS	☐ Delete		☐ Change	☐ Addition
TITLE: MGRM NAME: TAMBERINO, SUSAN STREET ADDRESS: %1601 N. HALIFAX DRIVE CITY-ST-ZIP: DAYTONA BEACH FL 32118	☐ Delete		☐ Change	☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	MGRM Steve Schlossberg 1601 N Halifax Ave Daytona Beach FL 32118	☐ Change	☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		☐ Change	☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		☐ Change	☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		☐ Change	☐ Addition

CR2E083 (9/01)

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: _____ 4-21-02 386 257-2026 x307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #