

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -7 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000009882**

1. Entity Name
DEL SOL PIZZA, LLC

Principal Place of Business 3159 LOFTON SQUARE COURT, STE 500 YULEE FL 32097	Mailing Address 3159 LOFTON SQUARE COURT, STE 500 YULEE FL 32097
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2. Principal Place of Business	3. Mailing Address PO Box 3599
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Ponte Vedra Beach, FL	4. FEI Number 59-3665012	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 32004-3599	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

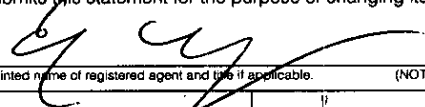
6. Name and Address of Current Registered Agent

**JONES, CRAIG T
3159 LOFTON SQUARE COURT
STE 500
YULEE FL 32097**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable) 436 Clearwater Drive	
City Ponte Vedra Beach FL	Zip Code 32082

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  **5/1/01**
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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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

Managing member
Craig T Jones
436 Clearwater Drive
Ponte Vedra Beach, FL 32082

100004368121--1
06/06/01 01009 008
*******50.00 *****50.00**

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:  **5/1/01** (904) 491-3409
Date Daytime Phone #