2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L01000011685

1. Entity Name

JULIA F. PIZZO FAMILY L.L.C.

Principal Place of Business	Mailing Address
4936 ST. CROIX DR. TAMPA FL 33629	4936 ST. CROIX DR. TAMPA FL 33629

04051976

MOORE   CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

Zip	Country	Zip	Country

4. FEI Number **59-3733605**

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
GARDNER, MERRITT A 401 EAST JACKSON ST., STE. 2650 TAMPA FL 33602	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2004

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

TITLE	P	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	FLOM, EDWARD L		NAME				
STREET ADDRESS	4936 ST CROIX DRIVE		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33629		CITY-ST-ZIP				
TITLE	P	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	FLOM, BEVERLLY		NAME				
STREET ADDRESS	4836 ST CROIX DRIVE		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33629		CITY-ST-ZIP				
TITLE	P	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	PIZZO, JOLIE F		NAME				
STREET ADDRESS	455 MARMORA AVE		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33606		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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: EDWARD L. FLOM   *Edward L Flom*   4/21/04   813-286-286\

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