2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Jan 14, 2005 08:00 AM **DOCUMENT # L01000012451 Secretary of State** PINZANI HOLDINGS L.C. Principal Place of Business Mailing Address 12790 SOUTH DIXIE HIGHWAY 12790 SOUTH DIXIE HIGHWAY MIAMI, FL 33156 MIAMI, FL 33156 %B,-,,,-.01-9& 01112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1126703 Not Applicable \$5.00 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent PALMER, PAUL DO NOT WRITE 12790 SOUTH DIXIE HIGHWAY MIAMI, FL 33156 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50,00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME PINZANI, MANUELA 12790 SOUTH DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CDY-ST-7P TITLE IN THIS SPACE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE