2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L01000015543

Entity Name: PIZZA DOUGH II, L.L.C.

Current Principal Place of Business:

900 SIXTH AVENUE SOUTH, SUITE 203
NAPLES, FL 34102

New Principal Place of Business:

15275 COLLIER BLVD
208
NAPLES, FL 34119

Current Mailing Address:

900 SIXTH AVENUE SOUTH, SUITE 203
NAPLES, FL 34102

New Mailing Address:

94 JOHNNYCAKE DRIVE
NAPLES, FL 34110

FEI Number: 59-3746045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWEIKHARDT, WILLIAM
900 SIXTH AVENUE SOUTH, SUITE 203
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MEM ( ) Delete
Name: PIZZA DOUGH INVESTME, NTS, INC.
Address: 900 SIXTH AVENUE S STE 203
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete
Name: SIEBER, BOB
Address: 900 SIXTH AVENUE S STE 203
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PIZZA DOUGH INVESTME, NTS, INC.
Address: 94 JOHNNYCAKE DRIVE
City-St-Zip: NAPLES, FL 34110

Title: MGRM (X) Change ( ) Addition
Name: SIEBER, BOB
Address: 15275 COLLIER BLVD, #208
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT SIEBER MGRM 04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date