




**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000016352</b>		
1. Entity Name PIZZA ALFRESCO, LLC		
Principal Place of Business 14 VIA MIZNER PALM BEACH, FL 33480	Mailing Address % RENATO'S 87 VIA MIZNER PALM BEACH, FL 33480	
<b>DO NOT WRITE IN THIS SPACE</b>		
		02022005No Chg-LLC CR2E083 (10/03)
4. FEI Number 65-1142101		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
ATTERBURG, WILLIAM W III ESQ 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
U000000218856 02/08/05-80004-012 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IGRM RESIDERIO, ARLENE 4 VIA MIZNER PALM BEACH, FL 33480	<b>DO NOT WRITE IN THIS SPACE</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 RE: 		02/05/05 561-832-1705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #