20)5 LIMITED LIABILITY COMPANY ___ANNUAL REPORT

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

| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | PIZZA AL Principal Place 14 VIA MIZNE PALM BEACH, | F RESCO, LLC Housiness Mailing Address F % RENATO'S | | 02022005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applicable |
|--|---|--|---|--|
| ATTERBURY / WILLIAM W III ESQ 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480 DO NOT WRITE IN THIS SPACE 8. The above n mod entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familier with, and accept the obligations of registered agent. SIGNATURE The property of the purpose of changing its registered agent, or both, in the State of Florids. I am familier with, and accept the obligation of registered agent. SIGNATURE FIFI ag Fee is \$55.0.00 Dut by May 1, 2005 100000218855 02/08/05-80004-012 50, 00 1100000218855 02/08/05-80004-012 50, 00 1100000218855 02/08/05-80004-012 50, 00 1100000218855 02/08/05-80004-012 50, 00 1100000218855 02/08/05-80004-012 50, 00 1100000218855 02/08/05-80004-012 50, 00 1100000218855 02/08/05-80004-012 50, 00 11000000218855 02/08/05-80004-012 50, 00 11000000218855 02/08/05-80004-012 50, 00 11000000218855 02/08/05-80004-012 50, 00 110000000218855 02/08/05-80004-012 50, 00 110000000218855 02/08/05-80004-012 50, 00 110000000000000000000000000000000 | | | | |
| 8. The above n med entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligation of originateral agent and story if applicable. SIGNATURE SIGNATURE Subm. speed o protect name of registered agent and story if applicable. PLOTE Registered Agent signature is recovered when reconstitute) DATE FIII 1g Fee Is \$30.00 Du by May 1, 2005 9. | 321 ROYAL | R ′, WILLIAM W III ESQ L POINCIANA PLAZA | | · · · · · · · · · · · · · · · · · · · |
| SIGNATURE S ***um good or provide name of registrated agent and sito it applicable. DOTE Registered Agent stopping frequired when recentainty | 8. The above r | med entity submits this statement for the purpose of changes of registered agent | ging its registered office or register | red agent, or both, in the State of Florida. I am familiar with, and accept |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby ce if that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated o this report is true and accurate and that my signature shall have the same legal effect as if made under cett, that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | NAME STREET ADDRESS | | | DO NOT WRITE |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby ce ify 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 o 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 liabit ty company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | NAME STREET ADDRESS | | , | IN THIS SPACE |
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| IGNATURE AND TYPED OF PRINTED NAME OF STONING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dayline Prone # | | RE: Jahne Sku | David | 02/05/05 561-832-1705 |