

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90562 002 ****50.00

0060457

DOCUMENT # L02000007062

1. Entity Name
GIORDANO'S N.Y. PIZZERIA, LLC



Principal Place of Business: 9014 SEMINOLE BLVD. SEMINOLE FL 33772
Mailing Address: 9014 SEMINOLE BLVD. SEMINOLE FL 33772

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country



CHECK HERE IF MAKING CHANGES

4. FEI Number: 45-0471208
Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K ESQUIRE
401 S. LINCOLN AVE.
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name: CHRISTOPHER GIORDANO
Street Address (P.O. Box Number is Not Acceptable): 9014 SEMINOLE BLVD.
City: SEMINOLE FL Zip Code: 33772

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: *Christopher Giordano* CHRISTOPHER GIORDANO MGR MEMBER DATE: 04/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|-------------------------|--|
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete |
| NAME | SWARTLEY, BONNIE J | |
| STREET ADDRESS | 9014 SEMINOLE BLVD. | |
| CITY-ST-ZIP | SEMINOLE FL 33772 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | CHRISTOPHER GIORDANO | |
| STREET ADDRESS | 7001 79th AVE N. | |
| CITY-ST-ZIP | PINELLAS PARK, FL 33781 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NICOLE GIORDANO | |
| STREET ADDRESS | 7001 79th AVEN. | |
| CITY-ST-ZIP | PINE LLAS PARK, FL 33781 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Christopher Giordano* CHRISTOPHER GIORDANO MGR MEMBER DATE: 04/28/03 727-398-0829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (10/02)