

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007819

FILED  
Apr 21, 2004  
Secretary of State

**Entity Name:** RED ROSE PIZZERIA, ETC. LLC

**Current Principal Place of Business:**

8501 THOMAS DR  
PANAMA CITY BEACH, FL 32408 US

**New Principal Place of Business:**

**Current Mailing Address:**

8501 THOMAS DR  
PANAMA CITY BEACH, FL 32408 US

**New Mailing Address:**

**FEI Number:** 59-3086207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FUGICH, MICHILENE  
8501 THOMAS DR  
PANAMA CITY BEACH, FL 32408 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: P ( ) Delete  
Name: FUGICH, MICHILENE  
Address: 8501 THOMAS DR  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGR ( ) Delete  
Name: FUGICH, DORIS E  
Address: 8501 THOMAS DR  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FUGICH, MICHILENE  
Address: 8501 THOMAS DR  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGRM (X) Change ( ) Addition  
Name: FUGICH, DORIS E  
Address: 8501 THOMAS DR  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

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: MICHILENE FUGICH

MGRM

04/21/2004

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