LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 202 000007819

1. Entity Name Red Rose Pizzeria, Etc. LLC

FILED May 13, 2003 8:00 am Secretary of State 05-13-2003 90014 050 ****55.00

DO NOT WRITE IN THIS SPACE				1010445]			
2. Principal Plac	e of Business 3. Mai	ling Address <i>SAM</i> &					
Suite, Apt. #		e, Apt. #, etc.		DO NOT W	RITE IN THIS SPACE		
, City & State		City & State		4. FEI Number 308	6207	Applied For Not Applicable	
Zip 324/19	Country Zip	Zip Country Spme		5. Certificate of Status Desired \$5.00 Additional Fee Required			
Arthurthacas (C. C. C	7				7. Name and Address of Current Registered Agent		
DO NOT WRITE Street Ad			Name MIC	nichileure kigich			
			Street Address (P.O. Box Number is Not Acceptable)				
	IN THIS SPACE	para anti-properties and para anti-properties					
			City PC.	B	FL Zi	12408	
	med entity submits this statement for the purpos of registered agent.	ose of changing its registere	d office or registere	ed agent, or both, in the State of	Florida. I am familiar	with, and accept	
, the obligation	Min's la	na L.	ż		~1,	12	
SIGNATURE	nature, typed or printed name of registered agent and title if app	licable.	<i></i>		DATE		
4		FEE IS					
•	, Mai	ke Check Payable to Flo DUE BY		it of State			
9.	MANAGING MEMBERS (MANA	at the second second	THE CONTRACTOR				
TITLE ,	OWNER. PRE					60	
NAME STREET ADDRESS	michilere Lugi	ch NAME				5	
STREET ADDRESS CITY-ST-ZIP	8501 Thomas a	/ · · · · · · · · · · · · · · · · · · ·	T ADDRESS ST-ZIP			\ <u>\</u> 838	
TITLE	MANGEL	TITLE				30-E	
NAME	DORIS & Fugue	NAME	Probable that we have a finance			2	
STREET ADDRESS CITY-ST-ZIP	PIB 91 324		T AODRESS ST-Zip				
TITLE	pep. T. Jay	TILL					
NAME		NAME					
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TITLE	<u> </u>	TITLE		Part of the Control o			
NAME		NAME		<u>IN THIS</u>	SPACE		
STREET ADDRESS			I ADDRESS				
CITY-ST-ZIP TITLE		TITLE	ST-ZIP				
NAME		NAME					
STREET ADDRESS		STREE	T ADDRESS				
CITY-ST-ZIP		CITY	ST-ZIP				
TITLE		TITLE					
NAME STREET ADDRESS		NAME SIRFE	T ADDRESS				
CITY-ST-ZIP		CITY-					
11. I hereby certify that the information supplied with this filing does not quality for the exertifion 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 eath; that I am a managing member or manager of the limited liability company or the receiver or truetee empowered to execute this report as required by Chapter 608, Florida Statutes.							