2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L02000010017 1. Entity Name POLK PIZZA, LLC Principal Place of Business 221 COMMONWEALTH AVE. POLK CITY, FL 33868 DO NOT WRITE IN THIS SPACE

FILED Apr 04, 2007 08:00 A Secretary of State



03132007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number			Applied For
	01-0680688			Not Applicable
5.	Certificate of Status Desired		\$5.00 Fee Red	Additional quired

6.	Name	and Address of	Current Registered Agent

NORMAN, CHRISTOPHER H 315 S. HYDE PARK AVE. TAMPA, FL 33606

the obligations of registered agent.

SIGNATURE:

DO NOT WRITE IN THIS SPACE

Date

Davlime Phone #

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAZBOUR, TALAL'A 1326 EAST LUMSDEN ROAD BRANDON, FL 33511		U00000689156 04/11/07-80023-024 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
THILE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
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FITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not q on this report is true and accurate and that my signature shability company or the receiver or trustee empowered to exec	ualify for the exemptions contained in Chapter 11 all have the same legal effect as if made under o ute this report as required by Chapter 608, Florid	9, Florida Statutes further certify that the information ath; that I am a managing member or manager of the a Statutes.

SIGNATURE AND TYPER OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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