


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000019269 1. Entity Name PELLONI RESTAURANTS, LLC	
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Principal Place of Business 725 PRIMERA BOULEVARD STE. 130 LAKE MARY, FL 32746	Mailing Address 725 PRIMERA BOULEVARD STE. 130 LAKE MARY, FL 32746
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DO NOT WRITE IN THIS SPACE



02042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 14-1840926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PELLONI, JAMES
725 PRIMERA BOULEVARD STE. 130
LAKE MARY, FL 32746

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature of the current registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000133316
04/27/04-80079-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PELLONI, JAMES 725 PRIERA BLVD ST 130 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PELLONI, BARTON 725 PRIMERA BLVD STE 130 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PELLANI, JUSTIN 725 PRIMERO BLVD STE 130 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **Date** _____ **Daytime Phone #** _____