


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90112 006 ****50.00

DOCUMENT # L02000020251

1. Entity Name
FLORIDA PIZZA PARTNERS, L.L.C.



Principal Place of Business Mailing Address

1135 SOUTH PASADENA AVE. 1135 SOUTH PASADENA AVE.
SUITE 327(C) SUITE 327(C)
SOUTH PASADENA FL 33707 SOUTH PASADENA FL 33707

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For

41-2061103 Not Applicable

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

6. Name and Address of Current Registered Agent

COHRS, DENIS A
2575 ULMERTON ROAD SUITE 210
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name **BERPIE, INC.**

Street Address (P.O. Box Number is Not Acceptable)
1135 S. PASADENA AVE. 327-C

City **ST. PETERSBURG, FL** FL Zip Code **33707**

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]* **LISA M. BERTRAND** DATE **01-06-03**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGRM	LISA M. BERTRAND	1135 S. PASADENA AVE	327-C ST. PETERSBURG, FL 33707		

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]* **LISA M. BERTRAND** DATE **01-06-03** Daytime Phone # **(727)344-5053**

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

CR2E083 (10/02)