

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004313

FILED
Apr 30, 2006
Secretary of State

Entity Name: IKE'S PIZZA OF FT. MYERS, LLC

Current Principal Place of Business:

13302 PALM BEACH BLVD.
FT. MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

6784 HIGHLAND PINES CIRCLE
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 03-0504600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWKIRK, PHILIP
6784 HIGHLAND PINES CIRCLE
FT. MYERS, FL 33912 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/MANAGERS:

Title: MGR () Delete
Name: NEWKIRK, PHILIP
Address: 6784 HIGHLAND PINES CIRCLE
City-St-Zip: FT. MYERS, FL 33912

Title: MGR () Delete
Name: TIPSON, MICHAEL G
Address: 809 VALLEY DRIVE
City-St-Zip: CANTON, GA 30114

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL G. TIPSON

MGR

04/30/2006

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