## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

SIGNATURE AND TYPEO OR PRINTED

## Sep 02, 2004 8:00 am Secretary of State DOCUMENT # L03000012215 09-02-2004 90004 042 \*\*\*\*55.00 2 FOR 20 PIZZA, LLC Mailing Address Principal Place of Business Z4U8Z959 33048 OVERSEAS HIGWHAY 33048 OVERSEAS HIGWHAY CITY OF BIG PINE KEY, FL 33043 CITY OF BIG PINE KEY, FL 33043 2. Principal Place of Business 3. Mailing Address 30348 Overscas 30348 Overseus Ituy 08312004 CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 11-3685747 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 33043 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STANARD, CHRISTOPHER J 33048 OVERSEAS HIGWHAY CITY OF BIG PINE KEY, FL 33043 Zip Code 33043 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by September 8, 2004 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 TITLE **MGRM** ☐ Delete TITLE Change ☐ Addition STANARD, CHRISTOPHER J NAME NAME 30348 Oversees Huy Big Pine Key FL 33043 STREET ADDRESS 33048 OVERSEAS HIGWHAY STREET ADDRESS CITY-ST-ZIP CITY OF BIG PINE KEY, FL. 33043 CITY-ST-ZIP MGRM TITLE ☐ Delete GARDNËR, LANNY P NAME NAME STREET ADDRESS 33048 OVERSEAS HIGWHAY STREET ADDRESS CITY-ST-ZIP CITY OF BIG PINE KEY, FL 33043 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition MYERS, JOHN F NAME NAME STREET ADDRESS 33048 OVERSEAS HIGWHAY STREET ADDRESS CITY-ST-ZIP CITY OF BIG PINE KEY, FL 33043 CITY-ST-ZIP TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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.

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE