


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000012215																													
1. Entity Name 2 FOR 20 PIZZA, LLC																													
Principal Place of Business 30348 OVERSEAS HWY BIG PINE KEY FL 33043			Mailing Address 30348 OVERSEAS HWY BIG PINE KEY FL 33043																										
2. Principal Place of Business			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
6. Name and Address of Current Registered Agent GARDNER, LANNY P 30348 OVERSEAS HWY BIG PINE KEY FL 33043				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstalling)																													
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>																													
<div style="float: left; width: 30%;"> <p>9. MANAGERS</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="width: 50%; padding: 5px;"> <p><input type="checkbox"/> Delete</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="padding: 5px;"> <p><input type="checkbox"/> Delete</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="padding: 5px;"> <p><input type="checkbox"/> Delete</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="padding: 5px;"> <p><input type="checkbox"/> Delete</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="padding: 5px;"> <p><input type="checkbox"/> Delete</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="padding: 5px;"> <p><input type="checkbox"/> Delete</p> </td> </tr> </table> </div> <div style="float: right; width: 65%;"> <p>10. ADDITIONS/CHANGES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="width: 50%; padding: 5px;"> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="padding: 5px;"> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="padding: 5px;"> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="padding: 5px;"> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="padding: 5px;"> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="padding: 5px;"> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> </td> </tr> </table> </div>						<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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