2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 29, 2005 08:00 AM DOCUMENT # L03000012215 Secretary of State 1. Entity Name 2 FOR 20 PIZZA, LLC Principal Place of Business Mailing Address 30348 OVERSEAS HWY 30348 OVERSEAS HWY BIG PINE KEY FL 33043 BIG PINE KEY FL 33043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 11-3685747 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARDNER, LANNY P Street Address (P.O. Box Number is Not Acceptable) 30348 OVÉRSEAS HWY BIG PINE KEY FL 33043 City Zip Code FI 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, typed or printed name of registered agent and liftle if applicable (NOTE Registered Agent signature required when reinstaling) ---γ μATE FILE NOW!!! FEE IS \$50.00 Nake Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES 9. ANAGERS 10. Addition MILE TITLE Delete Change NAME NAME Un0000341502 04/29/05-80014-018 50.00 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE Change Addition NAME NAME STREET ADDRESS 30348 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY FL 33043 Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DITTE Delete TITLE Change Addilia NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🔲 Adgilio Change Delele TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-7IP Delete ☐ Change ☐ Add® TiTLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE