

FILED
Jul 08, 2004 8:00 am
Secretary of State

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

07-08-2004 90012 019 ****50.00

DOCUMENT # L03000015392



1. Entity Name
GREAT ITALIAN FOOD, L.L.C.

Principal Place of Business
**14 WINCHESTER ROAD
 ORMOND BEACH, FL 32174**

Mailing Address
**14 WINCHESTER ROAD
 ORMOND BEACH, FL 32174**

14025032



2. Principal Place of Business
1456 Ocean Shore Blvd

3. Mailing Address
14 Winchester Rd

07022004 Chg-LLC CR2E083 (10/03)

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

4. FEI Number
61 144 8572

Applied For
 Not Applicable

Zip
32176

Country
USA

Zip
32174

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEPE, DEAN G
 213 SILVER BEACH AVENUE
 DAYTONA BEACH, FL 32118**

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.

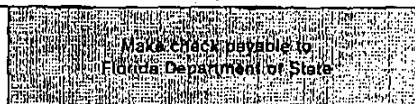
SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
 Due by September 8, 2004**



9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**PRESIDENT
 STEPHEN F. MOTZEL
 14 WINCHESTER RD.
 ORMOND BEACH, FL 32174**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

7/4/04

38C 437 7620

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

Date

Keytime Phone #