


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

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

**2004 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L03000015392**

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



**14025032**

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

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



2. Principal Place of Business  
**1456 Ocean Shore Blvd**

3. Mailing Address  
**14 Winchester Rd**

Suite, Apt. #, etc.

07022004 Chg-LLC CR2E083 (10/03)

City & State: **Ormond Beach, FL**

City & State: **Ormond Beach, FL**

Zip: **32176** Country: **USA**

Zip: **32174** Country: **USA**

4. FEI Number: **611448572**

Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_

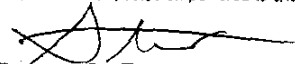
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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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:  Date: **7/4/04** **38C 437 7620**

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