


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000015392</b> 1. Entity Name <b>GREAT ITALIAN FOOD, L.L.C.</b>	
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Principal Place of Business <b>1456 OCEAN SHORE BLVD ORMOND BEACH FL 32176</b>	Mailing Address <b>14 WINCHESTER ROAD ORMOND BEACH FL 32174</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>61-1448572</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

2nd MOORE      CR2E083 (4/06)

<b>PEPE, DEAN G 213 SILVER BEACH AVENUE DAYTONA BEACH FL 32118</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
	<b>FL</b> 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 re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE	P MOTZEL, STEPHEN F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14 WINCHESTER RD	U00000572688 07/28/06-80009-012 50.00
STREET ADDRESS	ORMOND BEACH FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**       **7/29/06**      **386 437 7620**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #