-AMENDED-

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
14 PM 12:17 504/3290/790
05-03-2004 90139 039 ****50.00
OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000032780

1. Entity Name
TONY PISTOLA'S L.L.C.

Principal Place of Business	Mailing Address
915 MIDDLE RIVER DR., STE. 506 FORT LAUDERDALE, FL 33304	915 MIDDLE RIVER DR., STE. 506 FORT LAUDERDALE, FL 33304

04152004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2980 N. Federal Highway		2980 N. Federal Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft Lauderdale, FL		City & State: Ft. Lauderdale, FL	
Zip: 33306	Country: USA	Zip: 33306	Country: USA

4. FEI Number 98-0406781 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORAITIS, GEORGE R JR, ESQ
915 MIDDLE RIVER DR., STE. 506
FORT LAUDERDALE, FL 33304

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 ______________________________
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 May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DI DONATO, NICOLA 915 MIDDLE RIVER DR., STE. 506 FORT LAUDERDALE, FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________________ April 27 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #