


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90059 031 \*\*\*150.00

|   |   |                                 |  |   |  |
|---|---|---------------------------------|--|---|--|
| <b>DOCUMENT # L03000039410</b>  |   |                                 |  |  |  |
| 1. Entity Name<br><b>DA PIZZA BOYZ, LLC</b>   |   |                                 |  |   |  |
| Principal Place of Business<br><b>2440 S.R. 580<br/>CLEARWATER FL 33761<br/>US</b>  |   |                                 | Mailing Address<br><b>1135 S. PASADENA AVE.<br/>SUITE 327-C<br/>SAINT PETERSBURG FL 33707<br/>US</b>                                 |   |  |
| 2. Principal Place of Business  |   |                                 | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |   |                                 | Suite, Apt. #, etc.  |   |  |
| City & State  |   |                                 | City & State   |   |  |
| Zip   | Country   | Zip                             | Country  | 4. FEI Number<br><b>42-1606140</b>  |  |
|   |   |                                 |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                                 |  | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BERPIE, INC.<br/>2807 KIPPS COLONY DR.<br/>SAINT PETERSBURG FL 33707</b>  |   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 reissuing) DATE _____   |   |                                 |  |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>  |   |                                 |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                                 | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>WOODY, DAVID E<br/>4015 COMANCHE ST.<br/>TAMPA FL 33614</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <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 Section 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:**

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

Date

Daytime Phone #