


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90227 030 ****50.00

DOCUMENT # L03000043618		
1. Entity Name LAKELAND PIZZA PARTNERS, L.L.C.		
Principal Place of Business 576 MARKETSQUARE WEST LAKELAND FL 33813 US		Mailing Address 576 MARKETSQUARE WEST LAKELAND FL 33813 US



2. Principal Place of Business 4271 S. Florida Ave. Suite, Apt. #, etc.		3. Mailing Address 576 MARKET Square West Suite, Apt. #, etc.	
City & State Lakeland FL 33813		City & State Lakeland FL	
Zip 33813	Country Polk	Zip 33813	Country Polk

1st MOORE CR2E083 (10/05)

4. FEI Number 20-0381641		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent WILLIAM P. WEATHERFORD, JR. 1150 LOUISIANA AVENUE SUITE 4 WINTER PARK FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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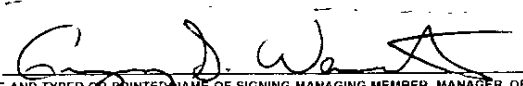
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENDT, GREGORY S 576 MARKETSQUARE WEST LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Gregory S. Wendt** 2-19-06 (863) 581-2581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #