

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054406

Entity Name: FRANKIE'S PIZZA, LLC

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

8855 SW 62ND TERRACE
MIAMI, FL 33173

New Principal Place of Business:

9118 SW 40TH STREET
MIAMI, FL 33165

Current Mailing Address:

8855 SW 62ND TERRACE
MIAMI, FL 33173

New Mailing Address:

FEI Number: 92-0198282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASQUARELLA, ROXANNE
9118 SW 40TH STREET
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

PASQUARELLA, ROXANNE
8874 SW 62ND TERRACE
MIAMI, FL 33173 US

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.

SIGNATURE:

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOREEN PASQUARELLA M, ARITAL TRUST
Address: 8855 SW 62ND TERRACE
City-St-Zip: MIAMI, FL 33173

Title: MGRM () Delete
Name: DOREEN PASQUARELLA N, ON-MARITAL TRU S T
Address: 8855 SW 62ND TERRACE
City-St-Zip: MIAMI, FL 33173

Title: MGRM (X) Delete
Name: FRANCES BERNARD PASQ, UARELLA REVOCA B LE TRUS
Address: 8855 SW 62ND TERRACE
City-St-Zip: MIAMI, FL 33173

Title: MGR () Delete
Name: PASQUARELLA, ROXANNE MANAGER
Address: 8874 SW 62ND TERRACE
City-St-Zip: MIAMI, FL 33173

Title: MGR () Delete
Name: PASQUARELLA, RENEE MANAGER
Address: 6277 SW 88TH COURT
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROXANNE PASQUARELLA

MGR

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date