


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90381 014 \*\*\*\*50.00

<b>DOCUMENT # L04000007618</b>	
1. Entity Name <b>GREEK PIZZA KITCHEN, L.L.C.</b>	

Principal Place of Business <b>150 E. Tarpon Avenue</b> <b>TARPON SPRINGS, FL 34689</b>	Mailing Address <b>150 E. Tarpon Avenue</b> <b>TARPON SPRINGS, FL 34689</b>
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2. Principal Place of Business <b>150 E. Tarpon Avenue</b> Suite, Apt. #, etc.	3. Mailing Address <b>150 E. Tarpon Avenue</b> Suite, Apt. #, etc.
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City & State <b>Tarpon Springs FL</b>	City & State <b>Tarpon Springs FL</b>
Zip <b>34689</b>	Zip <b>34689</b>
Country <b>USA</b>	Country <b>USA</b>

**20022136**



03142005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent <b>PIANESE, JOSEPH L</b> <b>104 LAKESIDE COLONY DRIVE</b> <b>TARPON SPRINGS, FL 34689</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
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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 *Joseph Pianese* **Joseph Pianese** 3/14/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING member</b> <b>Joseph Pianese</b> <b>104 Lakeside Colony Dr.</b> <b>Tarpon Springs FL 34689</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING member</b> <b>Irene Kamenopoulos</b> <b>109 HAMILTON ST. UNIT 110</b> <b>NEWARK, NJ 07105</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: *Joseph Pianese* **Joseph Pianese** 3/14/05 727-945-7337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #