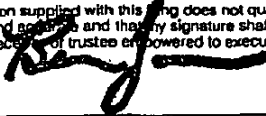


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**
Jun 09, 2008 8:00 am
Secretary of State

05-13-2008 90066 022 ****50.00
06-09-2008 90227 037 ****88.75

50006955

DOCUMENT # L04000041911			
1. Entity Name SOUTH FLORIDA PIZZA, LLC			
Principal Place of Business 1328 N.W. 2ND AVENUE BOCA RATON, FL 33432		Mailing Address 7200 WINDSOR DRIVE ALLENTOWN, PA 18104	
2. Principal Place of Business - No P.O. Box # 21033 POWERLINE RD		3. Mailing Address	
Suite, Apt. #, etc. SUITE 39		Suite, Apt. #, etc.	
City & State BOCA RATON FL		City & State	
Zip 33433	Country US	Zip	Country
4. FEI Number 20-1333772		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent	
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 _____ DATE _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM JANDREW, BRIAN 127 COCONUT KEY DRIVE DELRAY BEACH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 exemptions contained in Chapter 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 registered agent of the limited liability company and that I am authorized to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		4/24/08 (610) 289-2453	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	