


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90108 041 \*\*\*\*50.00

**DOCUMENT # L04000048119**

1. Entity Name  
**PIZZA GALLERY & GRILL, II, LLC**



Principal Place of Business  
**2250 TOWN CENTER AVE  
 STE 113  
 VIERA, FL 32940**

Mailing Address  
**3700 NORTH WICKMAN ROAD  
 MELBOURNE, FL 32935**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**2250 Town Center Ave.  
 Ste 113**

Suite, Apt. #, etc.  
**Ste 113**

City & State  
**Viera, Florida**

Zip Country  
**32940 U.S.A.**



07132006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-1756552**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CONNEN, CHRISTOPHER  
 4885 HIDDEN CREEK ROAD  
 MELBOURNE, FL 32935**

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by September 6, 2006**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
M	CONNEN, CHRISTOPHER	4885 HIDDEN CREEK ROAD	MELBOURNE, FL 32935	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **7-24-06 321-255-3539**  
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #