


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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| DOCUMENT # L04000077290 | |  |
| 1. Entity Name MONTY'S PIZZA, LLC | | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 4:36

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|---|---|
| Principal Place of Business 3101 TAMiami TRAIL PUNTA GORDA, FL 33950 US | Mailing Address 3101 TAMiami TRAIL PUNTA GORDA, FL 33950 US |
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|---|---------|---|---------|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



06252007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 14-1916355 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WHITE, JOHN P 1575 PINE RIDGE RD SUITE 10 NAPLES, FL 34109 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--|--|---|--|

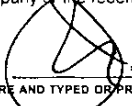
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

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| Amended AR is \$50.00 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SEYLER, RANDY 2220 J & C BLVD SUITE 8 NAPLES, FL 34109 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition BLT |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM OLITSKY, ANDREW 3101 TAMiami TR PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600106502286 07/20/07--01035--014 **50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CAPUTE, DIANE 3101 TAMiami TR PUNTA GORDA, FL 33950 <input checked="" 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 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.

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| SIGNATURE:  JOHN P. WHITE | Date 6-25-07 | Daytime Phone # 234-649-7727 |
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