
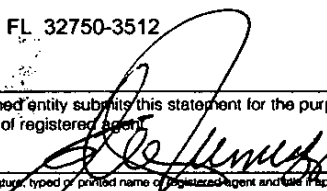
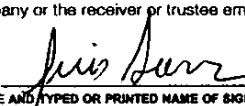


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90131 016 \*\*\*\*55.00

<b>DOCUMENT # L04000087249</b> 1. Entity Name RIVERWALK PIZZERIA, L.L.C.					
Principal Place of Business 350 EAST SEMINOLE SANFORD, FL 32771 US			Mailing Address P.O. BOX 951954 LAKE MARY, FL 32795		
2. Principal Place of Business - No P.O. Box # 350 E SEMINOLE BLVD Suite, Apt. #, etc.		3. Mailing Address 350 E SEMINOLE BLVD Suite, Apt. #, etc.			
City & State SANFORD FL		City & State SANFORD		4. FEI Number 84-1664505	
Zip 32771		Country SEMINOLE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  MUNIZZI, LEE E 2009 LONGWOOD- LAKE MARY RD SUITE 1015 LONGWOOD, FL 32750-3512				7. Name and Address of New Registered Agent Name: SIERRA Q COLIMODIO INVESTMENT COMPANY Street Address (P.O. Box Number is Not Acceptable): 350 E SEMINOLE BLVD City: SANFORD FL Zip Code: 32771	
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: 3/12/07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNIZZI, E. LEE P.O. BOX 951954 LAKE MARY, FL 32795	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President LUIS SIERRA 350 E SEMINOLE BLVD SANFORD - FL-32771	<input checked="" 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	Vice President ALFREDO COLIMODIO 350 E SEMINOLE BLVD SANFORD FL 32771	<input type="checkbox"/> Change <input checked="" 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 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: 			Date: 3/12/07 Daytime Phone #: 703-928-1809		

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03122007 Chg-LLC CR2E083 (12/06)