


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90002 002 ***150.00

DOCUMENT # L05000023818 1. Entity Name LLA, LLC			
Principal Place of Business 1801 SUNSET POINT ROAD CLEARWATER, FL 34625 US		Mailing Address 1801 SUNSET POINT ROAD CLEARWATER, FL 34625 US	
2. Principal Place of Business 1834 N. BELCHER RD. Suite, Apt. #, etc.		3. Mailing Address 1834 N. BELCHER RD. Suite, Apt. #, etc.	
City & State CLEARWATER, FL Zip 33765 Country US		City & State CLEARWATER, FL Zip 33765 Country US	
4. FEI Number 20-2459294		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGE G PAPPAS PA 901 N HERCULES AVE CLEARWATER, FL 33765		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUEEN'S PIZZA, INC. 1801 SUNSET POINT ROAD CLEARWATER, FL 34625	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOUKATARIS, JOHN 468 BRAYTON TERRACE SOUTH PALM HARBOR, FL 34685	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOUKATARIS, PANELIS 520 CYPRESS BEND OLDSMAR, FL 34677	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATHANASATOS, ANTHONY 1719 BAYHILL DRIVE OLDSMAR, FL 34677	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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: JOHN D. LOUKATARIS member 2-17-06 727 446-6016 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	