Apr 28, 2008 8:00 am Secretary of State **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT** 04-28-2008 90033 035 ***138.75 DOCUMENT # L05000084080 GAINESVILLE PIZZA PARTNERS, L.L.C. Mailing Address Principal Place of Business 60029590 3246 SW 35TH BLVD. 3246 SW 35TH BLVD. GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 US 03272008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-3356787 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE EDWARDS, GARY 3706 N.W. 43RD STREET GAINESVILLE, FL 32606 IN THIS SPACE 8. The above named entity submits this statement for perpurpose 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.

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

<u></u>	
9.	MANAGING MEMBERS/MANAGERS
NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARDS, GARY 3246 SW 35TH BLVD. GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME~ STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
and the state of t	

DO NOT WRITE IN THIS SPACE

FILED

Applied For

\$5.00 Additional

Fee Required

Not Applicable

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 eppowered a execute this report as regulared by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #