2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L06000095660

Entity Name: BACKWOODS PIZZA & BISTRO LLC

Current Principal Place of Business:

106 MUNICIPAL AVENUE
SOPCHOPPY, FL 32358

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 217
SOPCHOPPY, FL 32358

New Mailing Address:

FEI Number: 14-1978103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JENKINS-RICE, WINIFRED
61 GREENOUGH RD.
SOPCHOPPY, FL 32358 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	JENKINS-RICE, WINIFRED	
Address:	61 GREENOUGH RD.	
City-St-Zip:	SOPCHOPPY, FL 32358	
Title:	MGRM	( ) Delete
Name:	RICE, RANDALL M	
Address:	61 GREENOUGH RD.	
City-St-Zip:	SOPCHOPPY, FL 32358	
Title:	MGRM	( ) Delete
Name:	RICE, JESSE F	
Address:	48 MARY LOU TERRACE	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	MGRM	( ) Delete
Name:	RICE, TYLER R	
Address:	61 GREENOUGH RD	
City-St-Zip:	SOPCHOPPY, FL 32358	
Title:	MGRM	( ) Delete
Name:	RICE, ALEXANDER S	
Address:	447 NAUTILUS STREET	
City-St-Zip:	LAJOLLA, CA 92037	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	RICE, JESSE F	
Address:	10 B GUIENIVERE	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	RICE, ALEXANDER S	
Address:	736 UNION STREET	
City-St-Zip:	SAN FRANCISCO, CA 94133	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WINIFRED JENKINS-RICE MS 05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date