

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100325

FILED
Feb 19, 2007
Secretary of State

Entity Name: CASINO'S PASTA AND PIZZA LLC

Current Principal Place of Business:

1710 SW 13TH STREET
GAINESVILLE, FL 32608 US

New Principal Place of Business:

2320 SW ARCHER ROAD
BUILDING #2
GAINESVILLE, FL 32608 US

Current Mailing Address:

3707 NW 66TH PLACE
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 87-0784515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, SHAWN
3707 SW 66TH PLACE
GAINESVILLE, FL 32653 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: STEWART, SHAWN
Address: 3707 NW 66TH PLACE
City-St-Zip: GAINESVILLE, FL 32653 US

Title: MGR () Delete
Name: STEWART, SHANAN
Address: 435 SIXTH AVENUE
City-St-Zip: PITTSBURGH, PA 15219 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: REEGER, KIMBERLY S
Address: 4308 NW 12TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

I hereby certify that the information supplied with this filing does not qualify for the 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: SHANAN STEWART

MGR

02/19/2007

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