### · 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L06000122494

1. Entity Name

GIOVANNI'S COAL FIRE PIZZA - SUNRISE #1, LLC



FILED Jan 07, 2008 08:00 AM Secretary of State

Principal Place of Business

4330 NE 22ND AVENUE

FORT LAUDERDALE, FL 33308 US

Mailing Address

4330 NE 22ND AVENUE

FORT LAUDERDALE, FL 33308

US



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8112091 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

DO NOT WRITE IN THIS SPACE

THEODORE, SABARASE 4330 NE 22ND AVE. FORT LAUDERDALE, FL 33308

## DO NOT WRITE IN THIS SPACE

|    | 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 the obligations of registered agent. | I am familiar with, and accept |
|----|--|--------------------------------|
|    | the buildations of registered agent.   |                                |
| SI | GNATURE  | <u> </u>                       |

(NOTF, Registered Agent signiture required when reinstating)

DATE

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

U00000775684 01/08/08-80039-010 138.75

| 9.   | MANAGING MEMBERS/MANAGERS   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GIOVANNI'S COAL FIRE PIZZA, LLC<br>4330 NE 22ND AVENUE<br>FORT LAUDERDALE, FL 33308 |  |
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP      |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-7JP          |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |

# DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this fling 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 of the report of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF RIGHING MANAGING MEMORE OF AUTUMPITED DEDUCATION

(

914 776 4229

Daytime Phone #