


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000047628	
1. Entity Name JOEL'S PIZZA PALACE LLC	

Principal Place of Business 208 W JERSEY AVE BRANDON, FL 33510	Mailing Address 208 W JERSEY AVE BRANDON, FL 33510
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2. Principal Place of Business - No P.O. Box # 1028 Bloomingdale Ave.	3. Mailing Address 10921 Kenbrook Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Valrico, FL	City & State Riverview, FL
Zip 33596	Country USA
Zip 33578	Country

05102008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0219936	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  PEREZ, JOEL 10921 KENBROOK DRIVE RIVERVIEW, FL 33578
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7. Name and Address of New Registered Agent Name Robert W. Bivins Street Address (P.O. Box Number is Not Acceptable) c/o Bivins & Hemenway, P.A. 1060 Bloomingdale Ave. City Valrico FL Zip Code 33596
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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 	DATE 5/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$33.75 Due by September 12, 2008	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, JOEL 208 W JERSEY AVE BRANDON, FL 33510 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, MARLENE 208 W JERSEY AVE BRANDON, FL 33510 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Perez, Joel 10921 Kenbrook Dr. Valrico, FL 33578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900133752919 07/30/08--01022--010 **138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 6/11/08	DAYTIME PHONE # (813) 643-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

FILED

08 JUL 29 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

