2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088465

Entity Name: FISHER PIZZA L.L.C.

Name:

Address:

City-St-Zip:

ARAMINI, CHRISTOPHER T

PORT SAINT JOHN, FL 32927 US

6195 BALSAM STREET

FILED Jun 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6227 NORTH COCOA BLVD PORT SAINT JOHN, FL 32927 **Current Mailing Address: New Mailing Address:** 6195 BALSAM STREET PORT SAINT JOHN, FL 32927 US FEI Number: 26-0863124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: Name and Address of New Registered Agent: **HUNGRY HOWIES PIZZA & SUBS** 6227 NORTH COCOA BLVD PORT SAINT JOHN, FL 328927 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: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete FISHER, MICHAEL R Name: Name: Address: 6195 BALSAM STREET Address: City-St-Zip: PORT SAINT JOHN, FL 32927 US City-St-Zip: Title: MGRM () Delete Title: SEC (X) Change () Addition Name: FISHER, MARIA L Name: FISHER, MICHAEL R Address: 6195 BALSAM STREET Address: 6195 BALSAM STREET City-St-Zip: PORT SAINT JOHN, FL 32927 US City-St-Zip: COCOA, FL 32927 US Title: MGRM (X) Delete Title: () Change () Addition FISHER, AMBER M Name: Name: Address: 6195 BALSAM STREET Address: City-St-Zip: PORT SAINT JOHN, FL 32927 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL R. FISHER MGR 06/02/2008