

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 12, 2009  
Secretary of State**

DOCUMENT# L08000108964

Entity Name: PIZZA LAND LLC

**Current Principal Place of Business:**

610 STATE ROAD 206 EAST  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

610 STATE ROAD 206 EAST  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 26-3768283      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNIO, SELMA  
610 STATE ROAD 206 EAST  
ST AUGUSTINE, FL 32086      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: MGR      ( ) Delete  
Name: KNIO, SELMA  
Address: 610 STATE ROAD 206 EAST  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGR      ( ) Delete  
Name: KNIO, ASSAD  
Address: 610 STATE ROAD 206 EAST  
City-St-Zip: ST AUGUSTINE, FL 32086

**ADDITIONS/CHANGES:**

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

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

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: SELMA KNIO

MGR

03/12/2009

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