2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 29, 2005 08:00 AM Secretary of State

DOCUMENT # L98000002615 1. Entity Name GAINSVILLE PIZZA, L.C.		Secretary of State	
Principal Place of Business 4928 NW 39TH AVE. GAINESVILLE, FL 32606 BRANDON, FL 33511			
DO NOT WRITE IN THIS SPACE			04062005 No Chg-LLC CR2E083 (10/03)
			4. FEI Number Applied For 59-3544138 Not Applicable
			5. Certificate of Status Desired
6. Name and Address of Current Registered Agent			
JEFFRIES, C. COLE JR. 750 WEST LUMSDEN BRANDON, FL		DO NOT WRITE IN THIS SPACE	
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			
Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS MGR		000000343878 04/23/05-80112-012 50.00
NAME STREET ADORESS CITY-ST-ZIP	KAZBOUR, TALAL 1326 E. LÜMSDEN RÖAD BRADON, FL 33571	-	
TITLE NAME STREET ADDRESS			
CITY-ST-ZIP TITLE NAME			
STREET ADDRESS CITY - ST - ZIP			_DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS			
CITY-ST-ZIP		!	
NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 composition that the information is reported by controlling the same legal effect as if made under oath; that I am a managing member or manager of the			