


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 12, 2006 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # L99000001700 1. Entity Name GREATER GAINESVILLE PIZZA, LLC |  |
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|---|---|
| Principal Place of Business 2220 NW 28TH STREET GAINESVILLE, FL 32605 | Mailing Address 2220 NW 28TH STREET GAINESVILLE, FL 32605 |
|---|---|



06072006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 58-2454277 | Applied For <input type="checkbox"/> 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

**STASIEWICZ, BILL
2220 NW 28TH STREET
GAINESVILLE, FL 32605**

**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  6/7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STASIEWICZ, BILL 2220 NW 28TH ST. GAINESVILLE, FL 32605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STASIEWICZ, YORIKO 2220 NW 28TH ST. GAINESVILLE, FL 32605 |
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06/12/06-80005-013 50.00

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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:  6/8/06 (352) 324-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #