2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State DOCUMENT #L99000004523 04-24-2006 90051 049 ****50.00 1. Entity Name SIDE OUT PIZZA, L.C. 400000---Principal Place of Business Mailing Address 2659 ULMERTON RD 2659 ULMERTON ROAD CLEARWATER, FL 33762 CLEARWATER, FL 33762 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For City & State City & State 59-3590139 Not Applicable Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANDS, PHILIP Street Address (P.O. Box Number is Not Acceptable) 2659 ULMERTON RD CLEARWATER, FL 33762 Zip Code City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. THLE MGR ☐ Delete TITLE ☐ Change ☐ Addition RANDS, PHILIP NAME NAME STREET ADDRESS 2659 ULMERTON ROAD STREET ADDRESS CLEARWATER, FL 33762 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition TEAM ST. PETE, INC. NAME NAME STREET ADDRESS 2659 ULMERTON ROAD STREET ADDRESS CLEARWATER, FL 33762 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition

11. I hereby certify that the information supplies 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.

NAME

TITEE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Philip RANds MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

129-112-1281

Change

■ Addition

FILED