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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 27 AM 9:06

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000004008

1. Entity Name
TEG PIZZA GP, LLC

Principal Place of Business	Mailing Address
9400 NORTH CENTRAL EXPRESSWAY, #1304 DALLAS, TX 75231	9400 NORTH CENTRAL EXPRESSWAY, #1304 DALLAS, TX 75231

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07112006 Chg-LLC CR2E063 (11/03)

4. FEI Number 20-1074161 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $6.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, ENRIQUE MR. 800 OCALA ROAD TALLAHASSEE, FL 32304	Name: Brad Everett Street Address (P.O. Box Number is Not Acceptable) 800 Ocala Road City: Tallahassee FL Zip Code: 32304

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 _____ DATE 7-12-2006
(Signature, typed or printed name of registered agent and date application. [NOTE: Registered Agent signature required when filing online])

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WINTON, NORMAN 9400 NORTH CENTRAL EXPRESSWAY #1304 DALLAS, TX 75231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500078233175 08/01/06--01051--016 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARGOLIN, FRED 9400 NORTH CENTRAL EXPRESSWAY #1304 DALLAS, TX 75231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SEDACCA, EDWARD 8220 SPRING VALLEY ROAD #410 DALLAS, TX 75254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 605, Florida Statutes.

SIGNATURE: _____ 7/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #