

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054488

Entity Name: DOLLAR CITY PLUS, LLC

**FILED**  
**Apr 19, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

13400 SW 24TH STREET  
MIRAMAR, FL 33027

**New Principal Place of Business:**

2110 N. FLAMINGO ROAD  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

13400 SW 24TH STREET  
MIRAMAR, FL 33027

**New Mailing Address:**

2110 N. FLAMINGO ROAD  
PEMBROKE PINES, FL 33028

FEI Number: 55-0897515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

IBRAHIM, IQBAL  
13400 SW 24TH STREET  
MIRAMAR, FL 33027 US

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

IBRAHIM, OSMAN  
5343 NW 190 ST  
MIAMI, FL 33055 US

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: OSMAN IBRAHIM

04/19/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: IBRAHIM, IQBAL  
Address: 5343 NW 190 ST  
City-St-Zip: MIAMI, FL 33055

Title: MGRM ( ) Delete  
Name: IBRAHIM, OSMAN  
Address: 5343 NW 190 ST  
City-St-Zip: MIAMI, FL 33055

**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 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: OSMAN IBRAHIM

MGRM

04/19/2006

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