
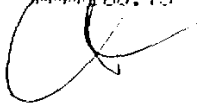


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED APR 28 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee | | | |
| Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | |
| 1 Name and Mailing Address of Limited Liability Company | | DOCUMENT # L98000001843 | | | |
| 7 DAYS FOOD STORE OF SEMINOLE, L.C. 8532 SEMINOLE BOULEVARD SEMINOLE FL 33777 | | 1a. Principal Place of Business Address 8532 SEMINOLE BOULEVARD SEMINOLE FL 33777 | | | |
| 2 Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 09/15/1998 | |
| City & State | | City & State | | 3a. State of Formation FL | |
| Zip | | Country | | 4. FEI Number 59-3536420 | |
| | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Date of Last Report 12-31-98 | |
| | | | | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent | | | 8. Name and Address of New Registered Agent/Office | | |
| AMERILAWYER, 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | Name S. Keith Mc. Kinney JR. | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 605 75th AVE. P.O. Box # 66714 | | |
| | | | Suite, Apt. #, etc. ST. PATE BEACH | | |
| | | | City FL | | |
| | | | Zip Code 33706 | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE | | JALAL UDDIN MAHMOOD ABUL B BHUIYAN | | DATE 04-01-99 | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | BHUIYAN, ABUL | 8532 SEMINOLE BOULEVARD | | SEMINOLE FL | |
| MGRM | MAHMOOD, JALAL UDDIN | 8532 SEMINOLE BLVD. | | SEMINOLE FL | |
| 700002956827--0 04/23/99-01093-019 ****188.75 ****188.75  | | | | | |
| 11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address. | | | | | |
| SIGNATURE: | | JALAL UDDIN MAHMOOD ABUL B BHUIYAN ABUL B BHUIYAN | | 4-1-99 727-544 2287 | |