## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # L00000003534 EL REY SUPERMARKET, L.L.C. Mailing Address Principal Place of Business 810 S.W. 12TH AVE. 810 S.W. 12TH AVE. MIAMI, FL 33130 MIAMI, FL 33130 03012004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0998636 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RUANO, ORESTES DO NOT WRITE 810 SW 12 AVE MIAMI, FL 33130 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, 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, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE MGR MAME RUANO, ORESTES STREET ADDRESS 810 SW 12 AVE CITY-ST-ZIP MIAMI, FL 33130 IITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY -ST- ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ACCRESS City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I 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 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.

**FILED**