

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000004386

1. Entity Name

C-STORE MANAGEMENT, LLC



Principal Place of Business

5105 NORTH DIXIE HWY., STE 5105  
DEERFIELD BEACH, FL 33064

Mailing Address

5105 NORTH DIXIE HWY., STE 5105  
DEERFIELD BEACH, FL 33064



04182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-1094642

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ABDULGHAFFER, MUDHAR  
9785-A BOCA GARDENS PARKWAY  
BOCA RATON, FL 33496

**DO NOT WRITE  
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

*K. M. Alkawi*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reattesting)

*04-19-2005*

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ABDULGHAFFER, MUDHAR
STREET ADDRESS	9785-A BOCA GARDENS PKWY.
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000327517  
04/25/05-80041-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

*K. M. Alkawi*

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

Date

Daytime Phone #

*04-19-2005*