


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000015829 1. Entity Name MALONE STORE, LLC	
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Principal Place of Business 331 N. 14TH ST. QUINCY FL 32351	Mailing Address 331 N. 14TH ST. QUINCY FL 32351
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-3690057	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

HINSON, WILSON
331 N. 14TH ST.
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	P	
NAME	HINSON, E.W. JR	<input type="checkbox"/>
STREET ADDRESS	331 N 14TH ST	
CITY - ST - ZIP	QUINCY FL 32351	
TITLE	P	<input type="checkbox"/>
NAME	HINSON, MARIAN M	
STREET ADDRESS	331 N 14TH ST	
CITY - ST - ZIP	QUINCY FL 32351	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

U00000074552
03/03/04-80023-021 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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: *E. Wilson* 2/26/04 627-6295