2005 LIMITED LIABILITY COMPANY 'ANNUAL REPORT

DOCUMENT # L0100004955 1. Entity Name SANFRANSISCO TRADING ENTERPRISES, L.L.C.



FILED
May 03, 2005 08:00 AM
Secretary of State

Principal Place of Business 4669 W IRLO BRONSON HWY KISSIMMEE, FL 34746 Mailing Address

4669 W IRLO BRONSON HWY KISSIMMEE, FL 34746



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04292005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3707248

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, SOUTH & MILHAUSEN, P.A. C/O JEFFREY P. MILHAUSEN, P.A. 2699 LEE RD., STE. 120 WINTER PARK, FL 32789

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| 8. | The above named entity submits this statement for the purpose of changing | g its register | red office | or registered as | gent, or both, in | the State of Florida. | I am familiar with, | , and acc | ept |
|----|---|----------------|------------|------------------|-------------------|-----------------------|---------------------|-----------|-----|
| | the obligations of registered agent. | | . — | | | | | | |

SIGNATURE

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, 2005

| 9. | MANAGING MEMBERS/MANAGERS |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ESMAIL VIRJEE, GULAMALI 1202 FOX QUARRY LN SANFORD, FL 32773 |
| NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | certify that the information supplied with this filling does not qualify for the exe |

1100000358761 05/04/05-80123-022 50.00

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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:

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

TVE

4073961890

Daytime Phone #