


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

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| DOCUMENT # L02000001853 1. Entity Name PRESCO FOOD STORE #39, L.L.C. |  |
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| Principal Place of Business 1425 S. COLLINS ST. PLANT CITY, FL 33566 | Mailing Address 1425 S. COLLINS ST. PLANT CITY, FL 33566 |
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01202004 No Chg-LLC

CR2E083 (10/03)

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|---|--------------------------------|
| 4. FEI Number 02-0537438 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

PATEL, JAYESH R
1425 S. COLLINS ST.
PLANT CITY, FL 33566

**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 _____
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**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATEL, JAYESH R 1425 S. COLLINS ST. PLANT CITY, FL 33566 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATEL, DILIP R 1425 S. COLLINS ST. PLANT CITY, FL 33566 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATEL, SANDIP R 1425 S. COLLINS ST. PLANT CITY, FL 33566 |
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02/26/04-80014-004 50.00

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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:  SANDIP PATEL VP. 2/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #