2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) &

SIGNATURE:

May 10, 2004 8:00 am Secretary of State **DOCUMENT # L03000005342** 1. Entity Name 04-23-2004 90013 015 ****50.00 E'S COUNTRY STORES, LLC Mailing Address Principal Place of Business 21246-C CLUBSIDE DRIVE BOCA RATON FL 33434 21246-C CLUBSIDE DRIVE BOCA RATON FL 33434 UZVVV---2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Applied For 4. FEI Number Cirv & State City & State 01-0 Not Applicable Zip Country Country \$5,00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EISENBUD, BURTON Street Address (P.O. Box Number is Not Acceptable) 21246-C CLUBSIDE DRIVE **BOCA RATON FL 33434** Zip Code City 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 Squazure, typod or pirition name of registered agent and rate 4 applicable. (NOTE, Registered Agent agranue required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ☐ Addition TITLE MGRM Delete TITLE EISENBUD, BURTON NAME STREET ADDRESS 21246-C CLUBSIDE DRIVE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP **MGRM** ☐ Delete Change ☐ Addition ELIAS, BLAS NAME NAME 350 SEVILLA AVENUE, #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY - ST - 7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ппе ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY - ST - ZIP Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-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 acquirate 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. 455-366 7

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED