
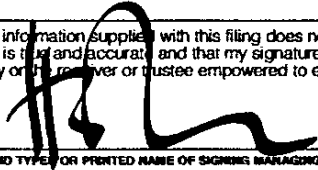


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90048 001 ****50.00

DOCUMENT # L03000028116 1. Entity Name DISCOUNT CASKET OUTLET LLC					
Principal Place of Business 451 E. 10TH COURT HIALEAH, FL 33010			Mailing Address 451 E. 10TH COURT HIALEAH, FL 33010		
2. Principal Place of Business 151 NW 37th AVE			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State MIAMI FL			City & State 		
Zip 33125		Country USA		Zip 	
Country 		4. FEI Number 20-0937037		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FELDMAN, BENNETT G 2655 LEJEUNE ROAD SUITE 508 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOHABIR, HILBERT E MGR 151 NW 37TH AVE MIAMI, FL 33125	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 					
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<div style="text-align: right;"> 5/3/05 <small>Date</small> </div>					

ATTACHMENT

14017000

#L03000028116

DISCOUNT CASKET OUTLET LLC

151 NW 37TH AVENUE

MAIMI, FL 33125

305 642 6234

May 3, 2005

Division of Corporations
PO Box 6198
Tallahassee, FL 32314

Re: L03000028116/Annual Report

To Whom It May Concern:

Enclosed is the 2005 Annual report for the above captioned limited liability company.
I have enclosed the filing fee of \$50.00 and request a waiver of the late fee as I had not
received a post card due to the changed address.

Respectfully Submitted,


Hubert Monabir