

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052628

Entity Name: DOLLAR STAR #29, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

16725 NW 20TH AVE
MIAMI, FL 33056

New Principal Place of Business:

16725 NW 20TH AVE
MIAMI, FL 33056 US

Current Mailing Address:

16725 NW 20TH AVE
MIAMI, FL 33056

New Mailing Address:

16725 NW 20TH AVE
MIAMI, FL 33056 US

FEI Number: 34-2009403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABER, KENNETH L
16725 NW 20TH AVE
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

RONALD M. GACHE, P.A.
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: RONALD M. GACHE, PRES.

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HABER, KENNETH L
Address: 16725 NW 20TH AVE
City-St-Zip: MIAMI, FL 33056

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HABER, KENNETH L
Address: 16725 NW 20TH AVE
City-St-Zip: MIAMI, FL 33056 US

Title: MGRM () Change (X) Addition
Name: LOBODZINSKI, RALPH
Address: 16725 NW 20TH AVE
City-St-Zip: MIAMI, FL 33056 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KENNETH HABER

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date