2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 25, 2005 8:00 am Secretary of State

DOCUMENT # L04000055247 1. Entity Name 99CENT STUFF - HIALEAH, LLC								4-29-2005	_	6 022 ***	
Principal Place of Business Malfing Address 1801 CLINT MOORE RD, STE 205 1801 CLINT MO BOCA RATON, FL 33487 BOCA RATON, F			OORE RO, STE 205 FL 33487						J	UUU13	JJ
						1 (111)3 7	on eam o	ira)) ezin arro E		ITEL ERINE ILLEN BILLE	11022 Fi 1221
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01282005	o C	hg-LLC	CR	2E083 (10/0	3)
City & State		City & State			4 SEI NUT)5	3320	0		Applied For Not Applicable	
Zip	Country	Zip	Coun	fry		5. Certifica	te of St	atus Desired		\$5.00 / Fee Requ	
6	6. Name and Address of Current R	egistered Agent				7. Name a	nd Add	ress of New	Registe		
				Name	a Ì d	M Gad	the.	PΑ			
DAVID J. POV 7777 GLADES BOCA RATON	S RD, STE 300			Ronald M. Gache, P.A. Street Address (P.O. Box Number is Not Acceptable) One North Clematis Street							
Boomene	N, 12 0070 V			Sui	te 5	00	_				
				Cives Wes	est Palm Beach FL 733401						
the obligations	nedenity submits this statement for of egistered agent	the purpose of changing its re		ed office o	r register	ed agant, or t	ooth, in	the State of F	/9/0	am familiar w	th, and accept
Filing Fee Is \$50.00 Due by May 1, 2005											
Filing Due i	g Fee Is \$50.00 by May 1, 2005									ok payable to iriment of Si	
9.	g Fee Is \$50.00 by May 1, 2005 MANAGING MEMBER		10.						da Depa	GES	ate
9.	by May 1, 2005	IS/MANAGERS	m		CCE			ADDITIONS	da Depa S/CHAN	rtment of St	ate
9.	by May 1, 2005		TITLE HAM STRE		ZIM 180	O MERMAN 1 Clin a Rato	ĹΜ	ADDITIONS AYMOND OORE R	S/CHAN	GES	e 🛛 Addition
9. TITLE NAME STREET ADDRESS CLIY-ST-ZIP TITLE	by May 1, 2005		TITLE HAME STREE CITY	E Et aodress -St- <i>Ti</i> p	ZIM 180 Boc	MERMAN 1 Clin a Rato	t M	AYMOND OOTE R	S/CHAN	GES Chang	e 🖾 Addition
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	by May 1, 2005	☐ Deleta	TITLE HAME STRE CITY TITLE HAME STRE	E ET AODRESS -SI-ZIP E E EET AODRESS	ZIM 180 Boc CFO BIL 180	MERMAN 1 Clin a Rato MES, B 1 Clin	t M n, i ARR	AYMOND OOTE R FL 334	s/CHAN	GES Chang	e 🖾 Addition 205
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	by May 1, 2005	☐ Deleta	TITLE HAME STRE CITY TITLE HAME STRE	E ET ADDRESS -ST-ZP E E ET ADDRESS -ST-ZP	ZIM 180 Boc CFO BIL 180	MERMAN 1 Clin a Rato MES, B	t M n, i ARR	AYMOND OOTE R FL 334	s/CHAN	GES Chang	e 🖾 Addition 205 e 🖾 Addition 205
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	by May 1, 2005	□ Delete	TITLE HAME STRE CITY TITLE HAME STRE CITY TITLE HAME HAME HAME	E ET ADDRESS -ST-IP E E ET ADDRESS -ST-ZP	ZIM 180 Boc CFO BIL 180	MERMAN 1 Clin a Rato MES, B 1 Clin	t M n, i ARR	AYMOND OOTE R FL 334	s/CHAN	GES Chang Suite Chang	e 🖾 Addition 205 e 🛣 Addition 205
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a majory comy that the shormation supplied with his litting does not quality 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 memoer or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

3.5.05