


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90046 022 \*\*\*\*50.00

<b>DOCUMENT # L04000055247</b> 1. Entity Name 99CENT STUFF - HIALEAH, LLC					
Principal Place of Business 1801 CLINT MOORE RD, STE 205 BOCA RATON, FL 33487			Mailing Address 1801 CLINT MOORE RD, STE 205 BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01282005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. EEI Number 5010233210	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVID J. POWERS, P.A. 7777 GLADES RD, STE 300 BOCA RATON, FL 33434				Name Ronald M. Gache, P.A. Street Address (P.O. Box Number is Not Acceptable) One North Clematis Street Suite 500 City West Palm Beach FL Zip Code 33401	
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 <i>[Signature]</i> DATE <i>2/9/05</i> <small>Signature typed or printed name of registered agent and state is applicable. (NOTE: Registered Agent signature required when resigning.)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			CCEO ZIMMERMAN, RAYMOND 1801 Clint Moore Rd., Suite 205 Boca Raton, FL 33487		
			CFO BILMES, BARRY 1801 Clint Moore Rd., Suite 205 Boca Raton, FL 33487		
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 <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>3-5-05</i> Daytime Phone # <i>561 999-9815</i>		