


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 27, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90040 045 \*\*\*\*55.00

<b>DOCUMENT # L04000084573</b> 1. Entity Name <b>FARM STORES, LLC</b>					
Principal Place of Business <b>5800 NORTHWEST 74TH AVENUE MIAMI FL 33166</b>			Mailing Address <b>5800 NORTHWEST 74TH AVENUE MIAMI FL 33166</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>34-2027916</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required				1st MOORE      CR2E083 (10/04)	
6. Name and Address of Current Registered Agent  <b>DIAZ, JUAN ESO 5800 NORTHWEST 74TH AVENUE MIAMI FL 33166</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when registering)      DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGR BARED, JOSE P 5800 NORTHWEST 74TH AVENUE MIAMI FL 33166</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND LEGAL OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>Apr 23 2005</b> <small>Daytime Phone #</small>		