


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

|   |   |
|---|---|
| <b>DOCUMENT # L93000000394</b>                            |  |
| 1. Entity Name<br><b>SUPER-MIAMI OF DADE COUNTY, L.C.</b> |   |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 26 AM 9:22



|  |   |
|--|---|
| Principal Place of Business<br><b>11739 S. DIXIE HWY.<br/>MIAMI FL 33156</b> | Mailing Address<br><b>P.O. BOX 5577<br/>CONCORD CA 94524<br/>US</b> |
|--|---|

|                                |  |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address<br><b>P.O. Box 2288</b> |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.                        |

1st MOORE CR2E083 (10/04)

|  |                                    |  |
|--|------------------------------------|--|
| City & State<br><b>Cottonwood, Ca.</b> | 4. FEI Number<br><b>65-0457129</b> | Applied For<br><input type="checkbox"/> Not Applicable                                   |
| Zip<br><b>96022</b>                    | Country                            | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301-2525</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 *Kathryn Eckenbarger* DATE 5-17-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>ECENBARGER, KATHRYN<br/>2190 MERIDIAN PARK BLVD., SUITE Q<br/>CONCORD CA 94520</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3270 MAIN St. Red Door<br/>Cottonwood, Ca. 96022</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>GORE, BETTY<br/>2190 MERIDIAN PARK BLVD., SUITE Q<br/>CONCORD CA 94520</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3270 MAIN St. Red Door<br/>Cottonwood, Ca. 96022</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>300056303943<br/>06/17/05--01047--008 **100.00</b>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Kathryn Eckenbarger* **Kathryn Eckenbarger** DATE 5-18-05 DAYTIME PHONE # 530/347-1950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE