


**File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED APR 28 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1 Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000001843</b>  <b>7 DAYS FOOD STORE OF SEMINOLE, L.C.</b> <b>8532 SEMINOLE BOULEVARD</b> <b>SEMINOLE FL 33777</b>		1a. Principal Place of Business Address <b>8532 SEMINOLE BOULEVARD</b> <b>SEMINOLE FL 33777</b>			
2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/15/1998	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
				59-3536420	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				12-31-98	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
<b>AMERILAWYER,</b> <b>343 ALMERIA AVENUE</b> <b>CORAL GABLES FL 33134</b>			Name <i>S. Keith Mc. Kinney JR.</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>605 75th AVE. P.O. Box 66714</i>		
			Suite, Apt. #, etc. <i>ST. PATE BEACH</i>		
			City <b>FL</b>		
			Zip Code <b>33706</b>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE: <i>[Signature]</i> <b>JALAL UDDIN MAHMOOD</b> <b>ABUL B BHUIYAN</b> DATE: <b>04-01-99</b>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BHUIYAN, ABUL	8532 SEMINOLE BOULEVARD		SEMINOLE FL	
MGRM	MAHMOOD, JALAL UDDIN	8532 SEMINOLE BLVD.		SEMINOLE FL	
700002956827--0 04/23/99-01093-019 ****188.75 ****188.75					
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>[Signature]</i> <b>JALAL UDDIN MAHMOOD</b> <b>ABUL B BHUIYAN</b> <b>ABUL B BHUIYAN</b> <b>4-1-99</b> <b>727-544-2287</b>					