

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90119 020 ****50.00



DOCUMENT # L98000001843
1. Entity Name
7 DAYS FOOD STORE OF SEMINOLE, L.C.

Principal Place of Business 8532 SEMINOLE BOULEVARD SEMINOLE FL 33777	Mailing Address 8532 SEMINOLE BOULEVARD SEMINOLE FL 33777
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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60000000

1st MOORE CR2E083 (10/04)

4. FEI Number 59-3536420	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITEMORE & CO, LLP 11282 W. HILLSBOROUGH AVE TAMPA FL 33635	Name WHITEMORE & CO, LLP
	Street Address (P.O. Box Number is Not Acceptable) 3910 NORTH AVE BLVD SUITE 100
	City TAMPA
	State FL Zip Code 33624

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: *Thomas J. Whitemore* *Whitemore & Co LLP* DATE: _____

* 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 MGRM	NAME MAHMOOD, JALAL UDDIN	TITLE	NAME
STREET ADDRESS 8532 SEMINOLE BLVD.		STREET ADDRESS	
CITY-ST-ZIP SEMINOLE FL 33777		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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: *Thomas J. Whitemore* *Whitemore & Co LLP* DATE: **3-28-05** Daytime Phone # _____

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