2004 LIMITED LIABILITY COMPANY ANNUAL REPORT CUMENT # L9900005737

FILED Feb 17, 2004 8:00 am Secretary of State

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DOCUMENT # L9900005737 1. Entity Name HALLIDAY FAMILY'S STORE-IT-ALL OF PLANTATION, L.L.C.						02-17-2004 90197 013 ****50.00					
Principal Place of Business Mailing Address								4	40114	41	
6701 N.W. 18TH COURT PLANTATION, FL 33313			10097 CLEARY BLVD. PLANTATION, FL 33324								•
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2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01272004	72004 Chg-LLC CR2E083 (10/03)				
City & State			City & State			•	4. FEI Number 65-0953170				plied For t Applicable
Žip	Country		Zip Country		ry			e of Status Desired	; 🗆	\$5.00 Add Fee Required	itional
	6. Name	and Address of Current R	egistered Agent	<u> </u>			7. Name an	d Address of New	Registered		
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7153 CATA					Street Ac		9.0. Box Numi	per is Not Accepta	DIE)	21001	
BOYNTON	N BEACH,	FL 33437				21	a D-	177	7		
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						PL		stion	FL	<u>- 333</u>	32L
		y submits this statement for tered againt	the purpose of changing its	registere	d office or	register	ed agent, or b	oth, in the State of	Florida. I am	familiar with,	and accept
the obligati			11								
SIGNATURE.	Signature broad	or printed name of registered agent an	14-								
Filing Fee is \$50.00 Due by May 1, 2004			o title if applicable. (NO1)	E: Registered	l Agent signatu	perioper eru	when reinstating)		DATE		
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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.

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

2/9/04

954972-5800

Daytime Phone #