

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90150 002 \*\*\*\*55.00

**DOCUMENT # L99000007037**

**1. Entity Name**  
**FS MANAGER'S ASSETS LLC**



**Principal Place of Business**  
**5800 N.W. 74TH AVENUE**  
**MIAMI, FL 33166**

**Mailing Address**  
**5800 N.W. 74TH AVENUE**  
**MIAMI, FL 33166**

**24064499**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252004 Chg-LLC CR2E083 (10/03)

City & State

City & State

**4. FEI Number**  
**65-1111887**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BARED, JOSE P**  
**5800 N.W. 74TH AVENUE**  
**MIAMI, FL 33166**

**7. Name and Address of New Registered Agent**

Name **Juan Diaz, Esquire**

Street Address (P.O. Box Number is Not Acceptable)

**5800 NW 74th AVE**

City **Miami**

**FL**

Zip Code  
**33166**

**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** Juan Diaz, Esq.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**April 26, 2004**

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**FARM STORES GROCERY INC**  
**5800 NW 74 AVE**  
**MIAMI, FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:** Juan Diaz, Vice President / General Counsel of MGRM

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

Date

Daytime Phone #

**April 26, 2004**