

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90005 010 \*\*\*\*\*50.00

**DOCUMENT # L99000007037**

1. Entity Name

**FS MANAGER'S ASSETS LLC**



Principal Place of Business

Mailing Address

**5800 N.W. 74TH AVENUE  
MIAMI FL 33166**

**5800 N.W. 74TH AVENUE  
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1111887**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**JUAN DIAZ, ESQ.**

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

**5800 NW 74 AVENUE**

City

**Miami, FL**

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.**

**March 21, 2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Delete  
NAME **THE BRANES & COMPANY INC.**  
STREET ADDRESS **PO BOX 526642**  
CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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

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]*

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

**3-17-03 305-471-5141**

Date

Daytime Phone #

CR2E083 (10/02)