

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M99000001882**

1. Entity Name  
98/87 CONVENIENCE STORE, LLC



Principal Place of Business  
112 SHEFFIELD LOOP, STE D  
HATTIESBURG, MS 39402

Mailing Address  
112 SHEFFIELD LOOP, STE D  
HATTIESBURG, MS 39402



03152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
64-0902533

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

6. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000092649  
03/19/04-80017-012 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
YORK-LOSEE, PAIGE  
9 MADEWOOD  
HATTIESBURG, MS 39402

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
YORK, BENNETT V.  
107 HEATHERWOOD  
HATTIESBURG, MS 39402

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
YORK, BENNETT V JR.  
94 CANEBRAKE BLVD.  
HATTIESBURG, MS 39402

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Paige York-Losee*

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

*3-15-04*

Date

*601-264-0403*

Daytime Phone #