

# 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 <b>8532 SEMINOLE BOULEVARD SEMINOLE FL 33777</b>	Mailing Address <b>8532 SEMINOLE BOULEVARD SEMINOLE FL 33777</b>
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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 <b>59-3536420</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**WHITEMORE & CO, LLP  
11282 W. HILLSBOROUGH AVE  
TAMPA FL 33635**

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

Name <b>WHITEMORE &amp; CO, LLP</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3910 NORTHMOORE BLVD SUITE 100</b>	
City <b>TAMPA</b> <b>FL</b> Zip Code <b>33624</b>	

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**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MAHMOOD, JALAL UDDIN	
STREET ADDRESS	8532 SEMINOLE BLVD.	
CITY-ST-ZIP	SEMINOLE FL 33777	

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Thomas J. Whitemore*      **3-28-05**      DATE: \_\_\_\_\_      DAYTIME PHONE #: \_\_\_\_\_

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