


FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90158 027 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L98000001843					
1. Entity Name 7 DAYS FOOD STORE OF SEMINOLE, L.C.					
Principal Place of Business 8532 SEMINOLE BOULEVARD SEMINOLE, FL 33777			Mailing Address 8532 SEMINOLE BOULEVARD SEMINOLE, FL 33777		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITTEMORE & CO, LLP 3910 NORTHDALE BOULEVARD SUITE 700 TAMPA, FL 33624				Name WHITTEMORE CARRIGAN Street Address (P.O. Box Number is Not Acceptable) 3910 NORTHDALE BLVD SUITE 100 City Tampa FL Zip Code 33624	
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 <u><i>Thomas J. Coughlin</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAHMOOD, JALAL UDDIN		NAME		
STREET ADDRESS	8532 SEMINOLE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33777		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u><i>Thomas J. Coughlin</i></u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

