

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 23 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ONLINE *****2001

DO NOT WRITE IN THIS SPACE

DOCUMENT # M00000002703

1. Entity Name

DAYTONA2 L.K.E. LLC

Principal Place of Business: 14101 Newbrook Drive Chantilly, VA 20151
Mailing Address: 14101 Newbrook Drive Chantilly, VA 20151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

7. Name and Address of New Registered Agent

Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

Name

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

City

FL

Zip Code

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.

SIGNATURE _____
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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME: *mgk* Giant Food Stores, LLC Delete
STREET ADDRESS: 1149 Harrisburg Pike
CITY-ST-ZIP: Carlisle, PA 17013

TITLE NAME: _____ Change Addition
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE NAME: _____ Delete
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE NAME: _____ Change Addition
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE NAME: _____ Delete
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE NAME: _____ Change Addition
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE NAME: _____ Delete
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE NAME: _____ Change Addition
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE NAME: _____ Delete
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE NAME: _____ Change Addition
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE NAME: _____ Delete
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE NAME: _____ Change Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daniel C. Tiedge, Authorized Representative 4/3/01 (703)961-6000

Date

Daytime Phone #

CR2E083 (11/00)