
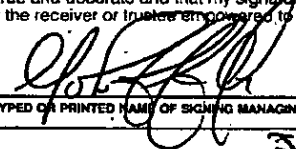


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90001 037 \*\*\*\*50.00

<b>DOCUMENT # L00000009776</b>			
1. Entity Name <b>PUBLIXDIRECT, LLC</b>			
Principal Place of Business 3300 AIRPORT ROAD LAKELAND FL 33811-3002		Mailing Address PO BOX 32024 LAKELAND FL 33802-0407	
2. Principal Place of Business		3. Mailing Address <b>PO Box 32018</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Treasury Licenses</b>	
City & State <b>Lakeland, FL</b>		4. FEI Number <b>59-3676928</b>	
Zip <b>33802-2018</b>		Country <b>Polk</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ATTAWAY JR, JOHN A 3300 AIRPORT RD LAKELAND FL 33801</b>		7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PUBLIX SUPER MARKETS, INC. 3300 AIRPORT RD LAKELAND FL 33811-3002</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: <b>3/11/04</b> Daytime Phone #: <b>863-616-5701</b>	
<b>John A. Attaway, Jr. Registered Agent</b>			