


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90342 008 ****50.00

DOCUMENT # L00000009776

1. Entity Name
PUBLIXDIRECT, LLC



Principal Place of Business
**3300 PUBLIX CORPORATE PARKWAY
 LAKELAND, FL 33811-3311**

Mailing Address
**PO BOX 3208
 LAKELAND, FL 33802-2018**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
PO Box 32018
Treasury Licenses
 City & State
Lakeland FL
 Zip Country
33802-2018 Polk

03152007 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3676928

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ATTAWAY JR, JOHN A
 3300 PUBLIX CORPORATE PKWY
 LAKELAND, FL 33811-3311**

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.

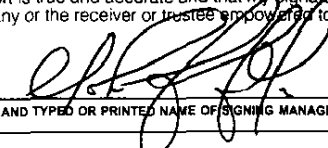
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUBLIX SUPER MARKETS, INC. 3300 PUBLIX CORPORATE PKWY LAKELAND, FL 338113002 <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 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:  **John A. Attaway Jr.** 3/21/07 (863) 688-7407 Ext. 33571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #