


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000005014 1. Entity Name WINTHROP GROCERY, LLC	
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Principal Place of Business 1206 MILLENNIUM PARKWAY, SUITE 2000 BRANDON, FL 33511	Mailing Address PO BOX 2638 BRANDON, FL 33509-2638
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DO NOT WRITE IN THIS SPACE



01052007No Chg-LLC      CR2E083 (11/05)

4. FEI Number 59-3735622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SULLIVAN, JOHN E 1206 MILLENNIUM PARKWAY, SUITE 2000 BRANDON, FL 33511
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**      U00000620899  
02/09/07-80054-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SULLIVAN, JOHN E 1206 MILLENNIUM PKWY STE 2000 BRANDON, FL 33511
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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 E. SULLIVAN      1/26/07      (813)681-3480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #