


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000015060</b>	
1. Entity Name <b>CONWAY FOOD MART, L.L.C.</b>	

Principal Place of Business <b>3310 S. CONWAY STREET ORLANDO, FL 32812</b>	Mailing Address <b>3310 S. CONWAY STREET ORLANDO, FL 32812</b>
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**DO NOT WRITE IN THIS SPACE**

09102007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>59-3741026</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>SHAIKH, ABDUL N 3310 S. CONWAY STREET ORLANDO, FL 32812</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHAIKH, ABDUL N 3310 S. CONWAY STREET ORLANDO, FL 32812</b>
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09/13/07-80006-012 50.00

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:**  **ABDUL SHAIKH** **9/8/07** **(407)-275-8717**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #