

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025120

FILED  
May 28, 2008  
Secretary of State

**Entity Name:** EXPREZITI CONVENIENCE STORES 99-FLORIDA, LLC

**Current Principal Place of Business:**

6320 QUADRANGLE DRIVE  
SUITE 200  
CHAPEL HILL, NC 27517

**New Principal Place of Business:**

348 MIRCLE STRIP PKWY  
SUITE 26  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

6320 QUADRANGLE DRIVE  
SUITE 200  
CHAPEL HILL, NC 27517

**New Mailing Address:**

348 MIRCLE STRIP PKWY  
SUITE 26  
FORT WALTON BEACH, FL 32548

**FEI Number:** 57-1145180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEYMOUR, TROY D  
588 RADIANT CIRCLE  
MARY ESTHER, FL 32569 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FRIEDERICH, JAN  
Address: 588 RADIANT CIRCLE  
City-St-Zip: MARY ESTHER, FL 32569

Title: MGRM ( ) Delete  
Name: SEYMOUR, TROY  
Address: 588 RADIANT CIRCLE  
City-St-Zip: MARY ESTHER, FL 32569

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TROY D. SEYMOUR

PRES

05/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date