

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025122

FILED
Apr 17, 2007
Secretary of State

Entity Name: EXPREZITI! CONVENIENCE STORES 98-GEORGIA, LLC

Current Principal Place of Business:

6320 QUADRANGLE DRIVE
SUITE 200
CHAPEL HILL, NC 27517

New Principal Place of Business:

Current Mailing Address:

6320 QUADRANGLE DRIVE
SUITE 200
CHAPEL HILL, NC 27517

New Mailing Address:

FEI Number: 57-1145181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEYMOUR, TROY
348 MIRACLE STRIP PARKWAY SW
SUITE 13
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

SEYMOUR, TROY
5880 RADIANT CIRCLE
MARY ESTHER, FL 32569 US

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: TROY SEYMOUR

04/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRIEDERICH, JAN
Address: 348 MIRACLE STRIP PARKWAY, SUITE 13
City-St-Zip: FT WALTON BEACH, FL 32548

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAN FRIEDERICH

MGRM

04/17/2007

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