2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071841

Entity Name: MOM & POP COUNTRY STORE, LLC

FILED Jul 11, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6106 BIRCH DRIVE FT. PIERCE, FL 34982

Current Mailing Address: New Mailing Address:

P.O. BOX 882212 6106 BIRCH DRIVE PORT SAINT LUCIE, FL 34988 FT. PIERCE, FL 34982

FEI Number: 56-2524823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

 Title:
 MGR
 () Delete
 Title:
 MGR
 (X) Change () Addition

 Name:
 GABORIAULT, PAUL L
 Name:
 GABORIAULT, PAUL L

 Address:
 5500 ST. LUCIE BLVD.
 Address:
 6106 BIRCH DRIVE

 City-St-Zip:
 FT. PIERCE, FL 34982

City-St-Zip: FT. PIERCE, FL 34946 City-St-Zip: FT. PIERCE, FL 34982

Title: MGR () Delete Title: MGR (X) Change () Addition Name: GABORIAULT, MARSHA

Name: GABORIAULT, MARSHA

 Address:
 5500 ST. LUCIE BLVD.
 Address:
 6106 BIRCH DRIVE

 City-St-Zip:
 FT. PIERCE, FL 34946
 City-St-Zip:
 FT. PIERCE, FL 34982

Title: S () Delete Title: S (X) Change () Addition

 Name:
 GABORIAULT, MARSHA
 Name:
 GABORIAULT, MARSHA

 Address:
 5500 ST. LUCIE BLVD.
 Address:
 6106 BIRCH DRIVE

 City-St-Zip:
 FT. PIERCE, FL 34946
 City-St-Zip:
 FT. PIERCE, FL 34982

Title: T () Delete Title: T (X) Change () Addition

 Name:
 GABORIAULT, PAUL L
 Name:
 GABORIAULT, PAUL L

 Address:
 5500 ST. LUCIE BLVD.
 Address:
 6106 BIRCH DRIVE

 City-St-Zip:
 FT. PIERCE, FL 34946
 City-St-Zip:
 FT. PIERCE, FL 34982

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: PAUL L. GABORIAULT MGR 07/11/2006