2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098851

Entity Name: WINN-DIXIE MONTGOMERY LEASING, LLC

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5050 EDGEWOOD COURT JACKSONVILLE, FL 32254 **Current Mailing Address: New Mailing Address:** 5050 EDGEWOOD COURT JACKSONVILLE, FL 32254 FEI Number: 20-8456899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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 (X) Change () Addition PICHUTO, P.E. PICHULO, P.E. Name: Name: 5050 EDGEWOOD CRT Address: 5050 EDGEWOOD CRT Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: JACKSONVILLE, FL 32254 Title: MGR Title: () Change () Addition () Delete APPEL, L.B. Name: Name: Address: 5050 EDGEWOOD CRT Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: Title: MGR Title: () Change () Addition () Delete ISTRE, M.J. Name: Name: 5050 EDGEWOOD CRT Address: Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: REINKEN, S.C. Name: 5050 EDGEWOOD CRT Address: Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: () Delete Title: MGR Title: () Change () Addition JAMES, J.J. Name: Name: 5050 EDGEWOOD CRT Address: Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: Title: () Delete Title: MGRM (X) Change () Addition WINN-DIXIE MONTGOMER, Y. INC WINN-DIXIE MONTGOMER, Y, LLC Name: Name: Address: 5050 EDGEWOOD CRT Address: 5050 EDGEWOOD CRT JACKSONVILLE, FL 32254 JACKSONVILLE, FL 32254 City-St-Zip: 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: S.C. REINKEN MGR 03/27/2009