2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# L07000099605

Entity Name: FRED'S MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

2124 HARDEN BLVD.
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

200 SOUTH ORANGE AVE., SUITE 2300
ORLANDO, FL 32801

New Mailing Address:

2124 HARDEN BLVD.
LAKELAND, FL 33803

FEI Number: 20-1198193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A.G.C. CO.
200 SOUTH ORANGE AVE., SUITE 2300
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

JOHNSON, TAMMY G SD
2124 HARDEN BLVD
LAKELAND, FL 33803 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: TAMMY G JOHNSON 03/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: D ( ) Delete
Name: JOHNSON, FRED O
Address: 2008 HUNTER RD
City-St-Zip: PLANT CITY, FL 33563

Title: SD ( ) Delete
Name: JOHNSON, TAMMY G
Address: 2008 HUNTER RD
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition
Name: JOHNSON, FRED O
Address: 2008 HUNTER RD
City-St-Zip: PLANT CITY, FL 33565

Title: SD (X) Change ( ) Addition
Name: JOHNSON, TAMMY G
Address: 2008 HUNTER RD
City-St-Zip: PLANT CITY, FL 33565

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: TAMMY G JOHNSON SD 03/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date