

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000116800

Entity Name: ROWE'S IGA LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

50 N. LAURA STREET, SUITE 2900  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

5435 BLANDING BOULEVARD  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

50 N. LAURA STREET, SUITE 2900  
JACKSONVILLE, FL 32202

**New Mailing Address:**

5435 BLANDING BOULEVARD  
JACKSONVILLE, FL 32244

FEI Number: 27-0173426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KIRSCHNER, KENNETH M  
50 N. LAURA STREET, SUITE 2900  
JACKSONVILLE, FL 32202 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  
Name: ROWE, ROBERT A  
Address: 5435 BLANDING BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32244

I hereby 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: ROBERT A ROWE

MGRM

04/29/2010

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