## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L99000002072

1. Entity Name

Principal Place of Business

WEEDMAN GROCERY, L.L.C.



Mailing Address

4925 STATE ROAD 13 SAINT AUGUSTINE, FL 32092 4925 STATE ROAD 13 SAINT AUGUSTINE, FL 32092

## **FILED** May 03, 2007 08:00 A Secretary of State



04232007 No Chg-LLC

CR2E083 (11/05)

4,	FEI Number
	59-3563459

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHALLEY, GEORGE M

## DO NOT WRITE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SUMMER, Speace of predict have a registered agent and tee a approach (NOTE Registered Agent signature Agent signature accord after remaining)  PHING Fee is \$50.00  Due by May 1, 2007  9. MANACINIG MEMBERS/MANAGERS  III.  MARE  SHELLADORESS  SITEL ADDRESS  CITY-S1-2P  III.E  MAME  SIREL ADDRESS  CITY-S1-2P  AME  AME  SIREL ADDRESS  CITY-S1-2P  AME  SIREL ADDRESS  CITY-S1-2P  AME  SIREL ADDRESS  CITY-S1-2P  AME  SIREL ADDRESS  CITY-S1-2P  AME  AM	JACKSONVILLE, FL 32223				
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11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:	Miles	Afferd	GE

CITY+ST-ZIP

ORGE M. SHALLEY, MANAGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #