2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# M00000000987

Entity Name: FOOD LION, LLC

Current Principal Place of Business:

2110 EXECUTIVE DRIVE
SALISBURY, NC 28147

New Principal Place of Business:

Current Mailing Address:

PO BOX 1330
SALISBURY, NC 28145

New Mailing Address:

FEI Number: 56-2173154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	PCEO	( ) Delete
Name:	ANICETTI, RICHARD A	
Address:	2110 EXECUTIVE DRIVE	
City-St-Zip:	SALISBURY, NC 28145	
Title:	T	( ) Delete
Name:	JAMES, RICHARD H	
Address:	2110 EXECUTIVE DRIVE	
City-St-Zip:	SALISBURY, NC 28147	
Title:	S	( ) Delete
Name:	EVANS, G. LINN	
Address:	2110 EXECUTIVE DRIVE	
City-St-Zip:	SALISBURY, NC 28147	
Title:	CFO	( ) Delete
Name:	HERNDON, CAROL	
Address:	2110 EXECUTIVE DRIVE	
City-St-Zip:	SALISBURY, NC 28147	
Title:	MGR	( ) Delete
Name:	BECKERS, PIERRE-OLIVIER	
Address:	2110 EXECUTIVE DRIVE	
City-St-Zip:	SALISBURY, NC 28147	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: G. LINN EVANS S 04/17/2009

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