



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # M00000002701</b> 1. Entity Name <b>TAMPA L.K.E. LLC</b>						<div style="font-size: 2em; font-weight: bold; transform: rotate(-10deg);">FILED</div> <div style="font-size: 1.2em; transform: rotate(-10deg);">05 MAR -1 AM 9:11</div> <div style="font-size: 0.8em; transform: rotate(-10deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>6300 SHERIFF ROAD, DEPARTMENT 593 LANDOVER, MD 20785</b>				Mailing Address <b>6300 SHERIFF ROAD, DEPARTMENT 593 LANDOVER, MD 20785</b>			
2. Principal Place of Business			3. Mailing Address			 02152005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number <b>52-2315949</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SMITH, MARC E 1385 HANCOCK STREET QUINCY, MA 02169</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD PICARIELLO, RICHARD J 1385 HANCOCK STREET QUINCY, MA 02169</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD HIPPLER, THOMAS A 1385 HANCOCK STREET QUINCY, MA 02169</b> <input type="checkbox"/> Delete			<b>800047510978</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HOLMES, WILLIAM 6300 SHERIFF ROAD LANDOVER, MD 20785</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V EVANS, ROBERT D 6300 SHERIFF ROAD LANDOVER, MD 20785</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V COLAVOLPE, ANTHONY A 1385 HANCOCK STREET QUINCY, MA 02169</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.							
Its Member: <b>GFS Realty, Inc.</b>							
<b>SIGNATURE: William Holmes</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>2/16/2005 (301) 941-4333</b> <small>Date Daytime Phone #</small>			



CORPORATION SERVICE COMPANY

**M000000002701**

ACCOUNT NO. : 072100000032

REFERENCE : 230419 7364794

AUTHORIZATION :

*Patricia Pizote*

COST LIMIT : \$ 55.00

ORDER DATE : March 1, 2005

ORDER TIME : 9:59 AM

ORDER NO. : 230419-005

CUSTOMER NO: 7364794

CUSTOMER: Myshelle Strachan  
Giant Food Inc.  
6300 Sheriff Road  
Dept 593  
Landover, MD 20785

**3/1/05**

ANNUAL REPORT FILING

*BK*

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

05 MAR - 1 AM 10:53

RECEIVED

NAME: TAMPA L.K.E. LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

**FILED**  
05 MAR - 1 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA