2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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AEC SUPERMARKET SERVICES GROUP, LLC



Principal Place of Business Mailing Address 24034392 C/O AEC ONE STOP GROUP, INC. C/O AEC ONE STOP GROUP, INC. 4250 CORAL RIDGE DR. 4250 CORAL RIDGE DR. CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 Chq-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 65-1115076 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired_ Ø Fee Required ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code City 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 Signature, typed or orinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State 9, MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR MGR TITLE ☑ Delete TITLE Addition schnug WEISMAN, ERIC NAME NAME 4250 STREET ADDRESS 4250 CORAL RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Addition CAMPAGNA, GEORGE NAME NAME STREET ADDRESS 4250 CORAL RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY - ST- ZIP MGR Delete. Tuchman, Alan 4250 Coral Ridge Drive KARST, DARREN NAME NAME STREET ADDRESS 4250 CORAL RIDGE DRIVE STREET ADDRESS CITY-ST-7IP Coral Springs CORAL SPRINGS, FL 33065 CITY-ST-7IP TITLE Delete Addition TITLE Isabe! Barney, Isa 4250 Coral NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE