## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M05000002159

1. Entity Name

SOUTHERN FAMILY MARKETS ACQUISITION LLC



FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

7 CORPORATE DRIVE KEENE, NH 03431 Mailing Address

7 CORPORATE DRIVE KEENE, NH 03431



03282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2871917

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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|                | e named entity submits this statement for the purpose of char<br>tions of registered agent. | nging its registered office or registered agent, or          | both, in the State of Florida. I am familiar with, and accept |
|----------------|---|--|---|
| SIGNATURE.     | Signature, typed or printed name of registered agent and lifle if applicable                |  | OATE  |
|                | Signature, typeo or printed name or registered agent and little if applicable               | (NOTE: Registered Agent signature required when reinstating) | DATE  |
|                | lling Fee is \$50.00<br>ue by May 1, 2007   |  |   |
| 9.             | MANAGING MEMBERS/MANAGERS   | <del></del>  |   |
| TITLE          | MGRM  |  |   |
| NAME           | GU MARKETS, LLC   |  |   |
| STREET ADDRESS | 7 CORPORATE DRIVE   |  |   |
| CITY+ST-ZIP    | KEENE, NH 03431   |  |   |
| TITLE          |   |  |   |
| NAME           |   |  | U00000705430  |
| STREET ADDRESS |   |  | 04/23/07-80052-007-650.00                                     |
| CITY-ST-ZIP    |   |  | U4/23/U1~8UU3Z~UU1 63U.UU                                     |
| TITLE          |   |  |   |
| NAME           |   |  |   |
| STREET ADDRESS |   |  | NOTWOITE  |

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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 rejective or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY+ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
STREET ADDRESS
CITY-ST-ZIP
TITLE
STREET ADDRESS
CITY-ST-ZIP

TITLE

JRE:

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/29/6

802-251-6320

Davima Phone 6