


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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| DOCUMENT # M05000005492 1. Entity Name SOUTHERN FAMILY MARKET OF MARY ESTHER LLC |  |
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|---|---|
| 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)

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| 4. FEI Number 20-2871917 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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6. Name and Address of Current Registered Agent

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| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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IN THIS SPACE**

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 _____
Signature: typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SOUTHERN FAMILY MARKET LLC 7 CORPORATE DRIVE KEENE, NH 03431 |
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04/23/07-80052-007 650.00

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

SIGNATURE: Ann Johnson Manager 3/28/07 802-251-6322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #