


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000002968 1. Entity Name ABS FLA OWNER LLC	
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Principal Place of Business 250 PARKCENTER BLVD. BOISE, ID 83726	Mailing Address 250 PARKCENTER BLVD. P.O. BOX 20 BOISE, ID 83726
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DO NOT WRITE IN THIS SPACE

FILED
08 JAN 25 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092008No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

BK

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBERTSON'S INC. 250 PARKCENTER BLVD. BOISE, ID 83726
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01/29/08--01037--001 **138.75

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

SIGNATURE: *Paul G. Rowan* **PAUL G. ROWAN** *01-18-07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #