


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90145 001 ***277.50

DOCUMENT # M07000003778		
1. Entity Name USF PROPCO I, LLC		

Principal Place of Business C/O DUBILIER, CLAYTON & RICE, INC. 375 PARK AVENUE, 18TH FLOOR NEW YORK, NY 10152	Mailing Address C/O DUBILIER, CLAYTON & RICE, INC. 375 PARK AVENUE, 18TH FLOOR NEW YORK, NY 10152
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2. Principal Place of Business - No P.O. Box # 9399 West Higgins Road	3. Mailing Address 9755 Patuxent Woods Drive
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Legal Department
City & State Rosemont	City & State Columbia
Zip 60018-6600	Country USA

02012008 Chg-LLC CR2E083 (12/06)

4. FEI Number 77-0689376	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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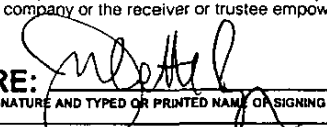
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RESTORE ACQUISITION CORP. 375 PARK AVENUE, 18TH FLOOR NEW YORK, NY 10152 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM U.S. FOODSERVICE, INC. 9399 WEST HIGGINS ROAD, SUITE 500 ROSEMONT, IL 60018-6600 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	By: U.S. Foodservice, Inc., its managing member Juliette W. Pryor, Assistant Secretary of Managing Member 02/01/2008 (410) 312-7191
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #