

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90230 007 \*\*\*\*50.00

<b>DOCUMENT # L03000007613</b> 1. Entity Name <b>WHITE EAGLE WINE &amp; SPIRITS, LLC</b>																																																																												
Principal Place of Business <b>934 CRENSHAW LAKE RD. LUTZ FL 33548</b>			Mailing Address <b>934 CRENSHAW LAKE RD. LUTZ FL 33548</b>																																																																									
2. Principal Place of Business <b>11807 LITTLE RD</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 MOORE CR2E083 - (11/03)																																																																								
City & State <b>NEW PORT RICHEY, FL</b> Zip <b>34656</b> Country <b>U.S.A</b>		City & State Zip Country		4. FEI Number <b>47-0911954</b>																																																																								
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																																																																								
6. Name and Address of Current Registered Agent <b>KASPROW, ELZBIETA 934 CRENSHAW LUTZ FL 33548</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																									
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 _____																																																																												
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>																																																																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <b>ELZBIETA KASPROW MGR</b>  <b>934 Crenshaw Lake Rd</b>  <b>Lutz, FL 33548</b> </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td>TITLE</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> </table> </div> <div style="width: 45%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table> </div> </div>						TITLE	<b>ELZBIETA KASPROW MGR</b> <b>934 Crenshaw Lake Rd</b> <b>Lutz, FL 33548</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<b>ELZBIETA KASPROW MGR</b> <b>934 Crenshaw Lake Rd</b> <b>Lutz, FL 33548</b>	<input type="checkbox"/> Delete																																																																										
TITLE		<input type="checkbox"/> Delete																																																																										
NAME		<input type="checkbox"/> Delete																																																																										
STREET ADDRESS		<input type="checkbox"/> Delete																																																																										
CITY-ST-ZIP		<input type="checkbox"/> Delete																																																																										
TITLE		<input type="checkbox"/> Delete																																																																										
NAME		<input type="checkbox"/> Delete																																																																										
STREET ADDRESS		<input type="checkbox"/> Delete																																																																										
CITY-ST-ZIP		<input type="checkbox"/> Delete																																																																										
TITLE		<input type="checkbox"/> Delete																																																																										
NAME		<input type="checkbox"/> Delete																																																																										
STREET ADDRESS		<input type="checkbox"/> Delete																																																																										
CITY-ST-ZIP		<input type="checkbox"/> Delete																																																																										
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																											
NAME																																																																												
STREET ADDRESS																																																																												
CITY-ST-ZIP																																																																												
TITLE																																																																												
NAME																																																																												
STREET ADDRESS																																																																												
CITY-ST-ZIP																																																																												
TITLE																																																																												
NAME																																																																												
STREET ADDRESS																																																																												
CITY-ST-ZIP																																																																												
TITLE																																																																												
NAME																																																																												
STREET ADDRESS																																																																												
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																																												
<b>SIGNATURE:</b> <b>W. H. KASPROW</b> <b>Jan 29/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																												