

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021528

Entity Name: WINO, L.L.C.

FILED  
May 01, 2007  
Secretary of State

## Current Principal Place of Business:

1225 ALTON ROAD  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

411 MICHIGAN AVENUE  
MIAMI BEACH, FL 33139

## Current Mailing Address:

1225 ALTON ROAD  
MIAMI BEACH, FL 33139

## New Mailing Address:

411 MICHIGAN AVENUE  
MIAMI BEACH, FL 33139

FEI Number: 20-2479422      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SHERMAN, THOMAS G ESQ  
218 ALMERIA AVENUE  
CORAL GABLES, FL 33134      US

## Name and Address of New Registered Agent:

SHERMAN, THOMAS G ESQ  
90 ALMERIA AVENUE  
CORAL GABLES, FL 33134      US

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.

SIGNATURE: THOMAS G. SHERMAN ESQ

05/01/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: HARARAI, PHILIPPE  
Address: 1225 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: HARARAI, PHILIPPE  
Address: 411 MICHIGAN AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILIPPE HARARI

MGRM

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date