

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003684

FILED
Mar 18, 2009
Secretary of State

Entity Name: MOTHER LODGE BREWERY LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1401 MINER ST.
IDAHO SPRINGS, CO 80452

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3188
IDAHO SPRINGS, CO 80452

New Mailing Address:

FEI Number: 84-1253206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURST, JOHN
7801 SW 134TH ST.
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

MCCARTHY, IAN
166 DOUGLAS RD. EAST
OLDSMAR, FL 34677 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: IAN MCCARTHY

03/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COHEN, STEPHEN M
Address: 2233 BROADHOLLOW RD.
City-St-Zip: FARMINGDALE, NY 11735

Title: MGR () Delete
Name: WARE, GERALD J
Address: 21195 RAE LANE
City-St-Zip: REDDING, CA 96003

Title: MGR () Delete
Name: STURDAVANT, CHARLES D
Address: 920 12TH ST.
City-St-Zip: GOLDEN, CO 80401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HOPE M. REYNOLDS

MS

03/18/2009

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