## 2010 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A07000000863

City-St-Zip: PALM HARBOR, FL 34682

FILED Mar 26, 2010 Secretary of State

Entity Name: FLORIDA MICRO BEVERAGE DISTRIBUTORS, LTD.

| Current Principal Place of Business:             |                                              |                                | New Principal Place of Business:   |                                           |  |
|--------------------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|-------------------------------------------|--|
| 10219 GEN<br>ORLANDO                             | IERAL DRIVE<br>, FL 32824                    |                                |                                    |                                           |  |
| Current Mailing Address:                         |                                              |                                | New Mailing Address:               |                                           |  |
|                                                  | N AVENUE<br>NK, ME 0404                      | 3                              |                                    |                                           |  |
| FEI Number:                                      | 26-0506140                                   | FEI Number Applied For ( )     | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )         |  |
| Name and                                         | Address of C                                 | Current Registered Agent:      | Name and Address of                | Name and Address of New Registered Agent: |  |
| CARBONE<br>921 CHATH<br>PALM HAR                 |                                              | 82 US                          |                                    |                                           |  |
| The above in the State                           |                                              | submits this statement for the | purpose of changing its registered | office or registered agent, or both       |  |
| SIGNATUR                                         | RE:                                          |                                |                                    |                                           |  |
|                                                  | Electror                                     | ic Signature of Registered Ag  | ent                                | Date                                      |  |
| GENERAL PARTNER INFORMATION:                     |                                              |                                | ADDRESS CHANGES ONLY               | <b>′</b> :                                |  |
| Document #:<br>Name:<br>Address:<br>City-St-Zip: | RAIKE, RONAL<br>108 KAWILLA (<br>ORLANDO, FL | COURT                          | Address:<br>City-St-Zip:           |                                           |  |
| Document #:<br>Name:<br>Address:                 | CARBONE, PAU                                 |                                | Address:                           |                                           |  |

City-St-Zip:

I hereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: PAUL CARBONE 03/26/2010