2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # L00000010497 Mar 30, 2007 08:00 AM Secretary of State EMPIRE WINERIES, L.L.C. Principal Place of Business Mailing Address 11807 LITTLE RD. 936 CRENSHAW LAKE ROAD NEW PORT RICHEY FL 34656 LUTZ FL 33558 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State Applied For City & Stato 4. FEI Number 65-1123397 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KASPROW, HENRY Street Address (P.O. Box Number is Not Acceptable) 936 CRENSHAW LAKE ROAD **LUTZ FL 33558** 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, typed or printed name of registered agent and little if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. HILLE ШЦ ☐ Change Addition MGR NAMI NAMI KASPROW, HENRY STREET ADDRESS 936 CRENSHAW LAKE ROAD STREET ADDRESS U000000684151 CITY-ST-7IP CHY-SI-7P **LUTZ FL 33558** -004 S0.00 □ Change ☐ Addition 11111 ☐ Deleie HILL NAME NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7/P CHY-SI-7P Addition HILE ☐ Defete HITE Change NAME NAME SIDEET ADDRESS STREET ADDRESS CITY - \$1-716 Clur-S1-792 Change ■ Addition THE ☐ Defete IIILL NAME NAMI STREET AODRESS STRUET ADDRESS CHY-SI-7IP C((Y+S)-7)12 ☐ Dolete IIIII □ Change Addition NAMI STREET ADDRESS SIDEL LADDRESS CHY-ST-7IP CHY-ST-7IP HILE ☐ Delele Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CHY-ST-7P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE