


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000000828 1. Entity Name TASTE A' VINT LLC	
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Principal Place of Business 17818 GREY BROOKE DRIVE TAMPA, FL 33647-2201	Mailing Address 17818 GREY BROOKE DRIVE TAMPA, FL 33647-2201
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3694732	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PODRAZA, MARY O 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960

**DO NOT WRITE
IN THIS SPACE**

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 reissuing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000737909
05/11/07-80043-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPARGO, TERESA 2313 WINDSOR OAKS AVE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PODRAZA, MARY O 17818 GREY BROOKE DRIVE TAMPA, FL 336472201
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: M. Podraza - M.O. Podraza **4/23/07** (813-220-6231)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #