## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Jan 31, 2006 08:00 AM DOCUMENT # L01000000925 Secretary of State 1. Entity Name WHISKEY DELTA, L.L.C. Principal Place of Business Mailing Address 2415 S.E. DIXIE HWY. 2415 S.E. DIXIE HWY. STUART FL 34996 STUART FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicat Country Zio 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 Name DOBSON, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 2415 S.E. DIXIE HWY. STUART FL 34996 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title 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, 2006 9. MANAGING MEMBERS/MANAGERS ta. ADDITIONS/CHANGES TITLE MGRM Delete TITLE ☐ Change Adding NAME DOBSON, WILLIAM A NAME STREET ADDRESS 2415 SE DIXIE HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 Addition ☐ Delete MILE TOTALE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP TITLE ☐ Delete TiTLE [ ] Change Addition. NAME STREET ACORESS STRELI AUDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Detete HITLE NAME NAME STREET ADDRESS STRELT ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Addition TITLE ☐ Delete MAINE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete TITLE ☐ Change Addition 3173.F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 legal effect as if made under oath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

William A. Dobson

FILED

772-220-6802

1/26/06