

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016272

FILED
Apr 15, 2004
Secretary of State

Entity Name: VINEYARD FOX, LLC

Current Principal Place of Business:

402 CENTRE STREET
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

10 N. 2ND. ST.
FERNANDINA BEACH, FL 32034

Current Mailing Address:

P.O. BOX 2469
KITTY HAWK, NC 27949

New Mailing Address:

10 N. 2ND ST.
FERNANDINA BEACH, FL 32034

FEI Number: 56-2269948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMASETTI, A. JEFFREY ESQ
406 ASH STREET
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

KAVANAUGH, ELWIN C MANG.
10 N. 2ND. ST.
FERNANDINA BEACH, FL 32034 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: ELWIN C. KAVANAUGH

04/15/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR (X) Delete
Name: FIELDS, WILLIAM J
Address: P.O. BOX 2469
City-St-Zip: KITTY HAWK, NC 27949

Title: MGR () Delete
Name: KAVANAUGH, E. CLINCH
Address: 402 CENTRE STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: KAVANAUGH, E. CLINCH
Address: 402 CENTRE STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELWIN C. KAVANAUGH

MGRM

04/15/2004

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