

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019318

FILED  
Apr 19, 2004  
Secretary of State

**Entity Name:** VINTNER'S CELLAR OF NAPLES, L.L.C.

**Current Principal Place of Business:**

4910 TAMIAMI TRAIL NORTH  
SUITE 106-108  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

4910 TAMIAMI TRAIL NORTH  
SUITE 106-108  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 59-3757311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NAPLES-LAWDOCK, INC.  
4501 NORTH TAMIAMI TRAIL, STE. 300  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LENZ, ALFRED W CHAIRMN  
Address: 982 FOUNTAIN RUN  
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete  
Name: MCCLIMANS, ANITA L PRES  
Address: 770 WATERLOO COURT  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LENZ, ALFRED W CHAIRMN  
Address: 700 MISTY PINES CIRCLE, #202  
City-St-Zip: NAPLES, FL 34105

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

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: ALFRED W. LENZ

MGRM

04/19/2004

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