

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019318

FILED  
May 25, 2005  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109 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:

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

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

**ADDITIONS/CHANGES:**

**Title:** MGRM      (X) Change      ( ) Addition  
**Name:** LENZ, ALFRED W CHAIRMN  
**Address:** 3210 BERMUDA ISLE CIRCLE, #1214  
**City-St-Zip:** NAPLES, FL 34109

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

05/25/2005

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