2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2005
Secretary of State

DOCUMENT# L01000019319

Entity Name: VINTNER'S CELLAR OF FLORIDA, 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: 59-3757312 **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:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109 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: 700 MISTY PINES CIRCLE, #202
City-St-Zip: NAPLES, FL 34105

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

ADDITIONS/CHANGES:

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

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 05/25/2005

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