2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State
08-26-2004 90061 013 ****50.00

DOCUMENT # L02000002091

1. Entity Name
G'DAY MATE AUSTRALIAN WINES, LLC

Principal Place of Business	Mailing Address
5830 N.W. 38TH TERRACE GAINESVILLE, FL 32653	5830 N.W. 38TH TERRACE GAINESVILLE, FL 32653

08202004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	c/o Freeman Buczyner & Gero
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 2150
City & State	City & State: Miami, FL
Zip / Country	Zip: 33131 / Country: Miami-Dade

4. FEI Number: 90-0008146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUCZYNER, JOSEPH ONE S.E. THIRD AVE. SUITE [illegible] 2150 FREEMAN BUCZYNER & GERO MIAMI, FL 33131	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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: [signature] 8/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSE, RODNEY 5830 NW 38TH TERR GAINESVILLE, FL 32653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIVINGTON ROSE, SHEILA DENISE 5830 NW 38TH TERR GAINESVILLE, FL 32653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 8/20/2004 3522190381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #