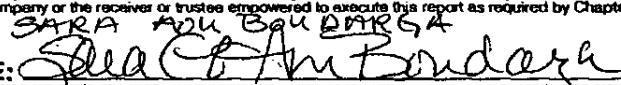


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/21

FILED
Feb 09, 2004 8:00 am
Secretary of State

01-20-2004 90207 042 ****50.00

DOCUMENT # L03000001984			
1. Entity Name LAKEWOOD LIQUORS, LLC			
Principal Place of Business 6982 SUPERIOR STREET CIRCLE SARASOTA, FL 34243		Mailing Address 6982 SUPERIOR STREET CIRCLE SARASOTA, FL 34243	
2. Principal Place of Business 6286 Lake Osprey Drive		3. Mailing Address 6286 Lake Osprey Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34240	Country U.S.	Zip 34240	Country U.S.
6. Name and Address of Current Registered Agent BOUDARGA, LAHCEN AOU 6280 LAKE OSPREY DRIVE SARASOTA, FL 34240		7. Name and Address of New Registered Agent 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:  DATE: 1/14/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LaHCen Aou Boudarga ☐ Delete 6982 Superior St. Circle Sarasota, FL 34243 managing member	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARA AM Boudarga ☐ Delete 6982 Superior St. Circle Sarasota, FL 34243 managing member	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
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)(X), 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. SARA AM Boudarga SIGNATURE:  DATE: 1/14/04 941-907-2607 SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			