2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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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	Mailing Address
6982 SUPERIOR STREET CIRCLE SARASOTA, FL 34243	6982 SUPERIOR STREET CIRCLE SARASOTA, FL 34243

01092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
6286 Lake Osprey Drive Suite, Apt. #, etc.	6286 Lake Osprey Dr. Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota FL
Zip: 34240 Country: U.S.	Zip: 34240 Country: U.S.

4. FEI Number: 42-1571524 ☐ 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
BOUDARGA, LAHCEN AOU 6280 LAKE OSPREY DRIVE SARASOTA, FL 34240	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: Lahcen Aou Boudarga STATE 1/14/04
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 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 6482 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 Ann Boudarga ☐ Delete 6482 Superior St. Circle Sarasota, FL 34243	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member ☐ 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
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.

SARA Ann BOUDARGA

SIGNATURE: Sara Ann Boudarga 1/14/04 941-907-2607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #