

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004895

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: INDIAN RIVER CITY WINE CLUB, LLC

**Current Principal Place of Business:**

4747 SOUTH WASHINGTON AVENUE,  
SUITE 166  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

21 RIVERSIDE DR  
501  
COCOA, FL 32922

**Current Mailing Address:**

4747 SOUTH WASHINGTON AVENUE  
SUITE 166  
TITUSVILLE, FL 32780

**New Mailing Address:**

21 RIVERSIDE DR  
501  
COCOA, FL 32922

FEI Number: 11-3722423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NORMAN, KEITH J ESQUIRE  
4747 SOUTH WASHINGTON AVE,  
SUITE 166  
TITUSVILLE, FL 32780 US

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

NORMAN, KEITH J MR  
21 RIVERSIDE DR  
501  
COCOA, FL 32922 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: KEITH J. NORMAN

04/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NORMAN, KEITH J MR  
Address: 4747 SOUTH WASHINGTON AVE, #166  
City-St-Zip: TITUSVILLE, FL 32780 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NORMAN, KEITH J MR  
Address: 21 RIVERSIDE DR, APT. 501  
City-St-Zip: COCOA, FL 32922 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KEITH J NORMAN

MR

04/30/2006

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