
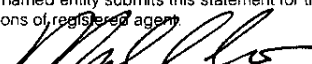



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90032 035 ****50.00

DOCUMENT # L03000007169					
1. Entity Name MOUNTAIN BROOK VINEYARDS, L.L.C.					
Principal Place of Business 11326 LAKE MANDARIN CIRCLE EAST JACKSONVILLE, FL 32223			Mailing Address 11326 LAKE MANDARIN CIRCLE EAST JACKSONVILLE, FL 32223		
2. Principal Place of Business 731 Phillips Dairy Rd.		3. Mailing Address 731 Phillips Dairy Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tryon, NC 28782		City & State Tryon, NC 28782		4. FEI Number <div style="border: 1px solid black; padding: 2px;">Applied For <input checked="" type="checkbox"/> Not Applicable</div>	
Zip 28782	Country	Zip 28782	Country	5. Certificate of Status Desired : <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LANAHAN, DENNIS 11326 LAKE MANDARIN CIRCLE EAST JACKSONVILLE, FL 32223			7. Name and Address of New Registered Agent Name Michael A. Altes Street Address (P.O. Box Number is Not Acceptable) 4219 Lexington Ave. City Jacksonville FL Zip Code 32210		
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 		DATE 4/15/04	
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	MGRM LANAHAN, DENNIS <input type="checkbox"/> Delete 11326 LAKE MANDARIN CIRCLE EAST JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lanahan, Dennis 731 Phillips Dairy Rd Tryon, NC 28782 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					