

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90066 039 \*\*\*138.75

**60003432**



01132008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L03000012718</b> 1. Entity Name <b>INTERNATIONAL SPIRITS, LLC</b>					
Principal Place of Business <b>9995 GATE PKWY., STE. 400- JACKSONVILLE, FL 32246</b>			Mailing Address <b>9995 GATE PKWY., STE. 400 JACKSONVILLE, FL 32246</b>		
2. Principal Place of Business - No P.O. Box # <b>24716 HARBOUR VIEW DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME AS PRINCIPAL</b> Suite, Apt. #, etc.			
City & State <b>PONTE VEDRA BEACH, FL</b> Zip <b>32082</b>		City & State Zip Country		4. FEI Number <b>20-0053994</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>RAX CO. ATTN: DANIEL B. NUNN, JR. 50 N. LAURA ST., STE. 3300 JACKSONVILLE, FL 32202</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM KOEGLER, STEVEN C VP 9995 GATE PARKWAY N., STE 400- JACKSONVILLE, FL 32246</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEOP ELWARD, ANTHONY J 9995 GATE PARKWAY N., SUITE 400- JACKSONVILLE, FL 32246</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u>Steven C Koehler</u> <b>STEVEN C KOEGLER</b> <u>1/14/08</u> <u>904-923-7914</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					