


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000013465 | |
| 1. Entity Name VINOE, LLC | |
|  | |
| Principal Place of Business 822 A1A NORTH SUITE 105 PONTE VEDRA BEACH, FL 32082 | Mailing Address 822 A1A NORTH SUITE 105 PONTE VEDRA BEACH, FL 32082 |



04242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 02-0685421 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent | |
| MORROW, WILLIAM R JR 1301 RIVERPLACE BLVD SUITE 2400 JACKSONVILLE, FL 32207 | DO NOT WRITE IN THIS SPACE |

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000936796
05/27/08-80024-016 138.75

| | |
|--|--|
| 9. MANAGING MEMBERS/MANAGERS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NOE, PHILIP 10562 SCOTT MILL ROAD JACKSONVILLE, FL 32257 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NOE, D. SCOTT 41496 KERNAN PKWY EAST JACKSONVILLE, FL 32224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/08 904-536-3077