


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-04-2004 90232 045 ****50.00

DOCUMENT # L03000028303 1. Entity Name SPIRITS BY THE SEA, LLC																																																																																																					
Principal Place of Business 14255 US HWY ONE JUNO BEACH FL 33408			Mailing Address 14255 US HWY ONE JUNO BEACH FL 33408																																																																																																		
2. Principal Place of Business 1600 Sandtree Dr Suite, Apt. #, etc. 206C			3. Mailing Address SAME																																																																																																		
City & State Palm Beach Gardens, FL			City & State SAME																																																																																																		
Zip 33403		Country USA		4. FEI Number 651706322																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																	
6. Name and Address of Current Registered Agent MOORE, RENATE 2373 SOUTH WALLEN DR PALM BEACH GARDENS FL 33410			7. Name and Address of New Registered Agent 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 <u><i>Renate Moore</i></u> DATE <u>1-26-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">OWNER/PRESIDENT <input type="checkbox"/> Delete</td> <td style="width: 15%;"></td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 15%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RENATE MOORE</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2373 S. WALLEN DR.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH GARDENS, FL 33410</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	OWNER/PRESIDENT <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RENATE MOORE		NAME			STREET ADDRESS	2373 S. WALLEN DR.		STREET ADDRESS			CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP									TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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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: <u><i>Renate Moore</i></u> DATE <u>1-26-04</u> 561-6910832 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																					