

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000004770

FILED
Apr 30, 2008
Secretary of State

Entity Name: PROSPEROS GROVES AND WINERY LLC

Current Principal Place of Business:

524 VIA VERONA LANE, UNIT 202
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

6832 ONEIDA DRIVE
MT. DORA, FL 32757

Current Mailing Address:

524 VIA VERONA LANE, UNIT 202
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

PO BOX 915282
LONGWOOD, FL 32791

FEI Number: 54-2142052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIBBETTS, ADRIAN
524 VIA VERONA LANE #202
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

ADKINS, DAVID
6832 ONEIDA DRIVE
MT. DORA, FL, FL 32757 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: DAVID ADKINS

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ADKINS, DAVID
Address: 524 VIA VERONA LANE, UNIT 202
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR () Delete
Name: TIBBETTS, ADRIAN
Address: 524 VIA VERONA LANE, UNIT 202
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Delete
Name: ADKINS, DAVID
Address: 524 VIA VERONA LANE, UNIT 202
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: TIBBETTS, ADRIAN
Address: 524 VIA VERONA LANE, UNIT 202
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ADKINS, DAVID
Address: PO BOX 915282
City-St-Zip: LONGWOOD, FL 32791

Title: MGR (X) Change () Addition
Name: ADKINS, DAVID
Address: PO BOX 915282
City-St-Zip: LONGWOOD, FL 32791

Title: S (X) Change () Addition
Name: ADKINS, DAVID
Address: PO BOX 915282
City-St-Zip: LONGWOOD, FL 32791

Title: T (X) Change () Addition
Name: ADKINS, DAVID
Address: PO BOX 915282
City-St-Zip: LONGWOOD, FL 32791

I hereby certify that the information supplied with this filing does not qualify 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: DAVID ADKINS

PRES

04/30/2008

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