

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-02-2005 90086 032 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000012253 1. Entity Name OLD MISSION VINEYARD, LLC					
Principal Place of Business 19600 STATE RD. 64 E BRADENTON FL 34212 US			Mailing Address 19600 STATE RD. 64 E BRADENTON FL 34212 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-1299257</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/>				<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$5.00 Additional Fee Required</div>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAY, HEIDI C 19600 STATE RD. 64 E BRADENTON FL 34212			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right; text-align: right;"><small>DATE</small></div>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAY, HEIDI C		NAME		
STREET ADDRESS	19600 STATE RD. 64 E		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON FL 34212		CITY - ST - ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAY, LAWRENCE A JR.		NAME		
STREET ADDRESS	19600 STATE RD. 64 E		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON FL 34212		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Heidi C May</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<div style="display: flex; justify-content: space-between;"> 6/6/05 941 746-6337 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Date Daytime Phone # </div>		