## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000012852

Title:

Name:

Address:

City-St-Zip:

MGRM

() Delete

ZELKOWITZ, STEVEN

420 N.E. 95TH STREET

MIAMI SHORES, FL 33138

Entity Name: MIAMI SPIRITS GROUP, LLC

FILED Feb 18, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2665 SOUTH BAYSHORE DRIVE, STE. 420 MIAMI, FL 33133 **Current Mailing Address: New Mailing Address:** 2665 SOUTH BAYSHORE DRIVE, STE. 420 MIAMI, FL 33133 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BONISKE, NINA ESQ 2665 SOUTH BAYSHORE DRIVE, STE. 420 MIAMI, FL 33133 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BONISKE, NINA Name: Name: 1213 SUNSET HARBOR DRIVE, #113 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BARBATO, ANGELA Name: Name: Address: 2971 N.E. 16TH AVENUE Address: City-St-Zip: OAKLAND PARK, FL 333345211 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SINGER, SUZANNE Name: Name: Address: 300 MERIDIAN AVENUE, #3 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: ( ) Delete Title: MGRM Title: () Change () Addition ZELKOWITZ, ALLISON NASH Name: Name: Address: 420 N.E. 95TH STREET Address: City-St-Zip: MIAMI SHORES, FL 33138 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: STEVEN W. ZELKOWITZ MGRM 02/18/2005