

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056843

Entity Name: CALAMITY WINE WORKS, LLC

FILED
Mar 11, 2005
Secretary of State

Current Principal Place of Business:

3624 NW 97 BLVD.
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

3624 NW 97 BLVD.
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 26-2177354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORN, MELINDA P
3624 NW 97 BLVD.
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

DORN, MELINDA
3624 NW 97 BLVD.
GAINESVILLE, FL 32606 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: MELINDA DORN

03/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DORN, MELINDA P
Address: 3624 NW 97 BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: MGR () Delete
Name: NEYERS, BRUCE
Address: 3624 NW 97 BLVD.
City-St-Zip: GAINESVILLE, FL 32606

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DORN, MELINDA
Address: 3624 NW 97 BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: DORN, TOMMY JR
Address: 3624 NW 97TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

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.

SIGNATURE: MELINDA DORN

MGR

03/11/2005

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