

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056843

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: CALAMITY WINE WORKS, LLC

## Current Principal Place of Business:

3624 NW 97 BLVD.  
GAINESVILLE, FL 32606

## New Principal Place of Business:

8278 A1A SOUTH  
ST AUGUSTINE, FL 32080

## Current Mailing Address:

3624 NW 97 BLVD.  
GAINESVILLE, FL 32606

## New Mailing Address:

8278 A1A SOUTH  
ST AUGUSTINE, FL 32080

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  
3624 NW 97 BLVD.  
GAINESVILLE, FL 32606 US

## Name and Address of New Registered Agent:

DORN, MELINDA  
8278 A1A SOUTH  
ST AUGUSTINE, FL 32080 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:

01/05/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

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

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: DORN, MELINDA  
Address: 8278 A1A SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32080

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

Title: MGR (X) Change ( ) Addition  
Name: DORN, TOMMY JR  
Address: 8278 A1A SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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: MELINDA DORN

MGR

01/05/2006

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