

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066942

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** ALCOHOLIC BEVERAGES & TOBACCO CONSULTANTS, L.L.C.

**Current Principal Place of Business:**

401 QUAIL HILL DRIVE  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

401 QUAIL HILL DRIVE  
DEBARY, FL 32713

**New Mailing Address:**

**FEI Number:** 04-3797764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAUSTAD, LINDA L ESQUIRE  
815 SOUTH VOLUSIA AVENUE, SUITE 1  
ORANGE CITY, FL 32763 US

**Name and Address of New Registered Agent:**

HONAKER, TIMOTHY A  
401 QUAIL HILL DR.  
DEBARY, FL 32713 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: TIMOTHY A. HONAKER

04/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: COPELYN, CRIQUETTE  
Address: 401 QUAIL HILL DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: MGRM ( ) Delete  
Name: HONAKER, TIMOTHY  
Address: 401 QUAIL HILL DRIVE  
City-St-Zip: DEBARY, FL 32713

**ADDITIONS/CHANGES:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: TIMOTHY A. HONAKER

MGRM

04/30/2005

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