2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State
03-08-2007 90188 023 ****50.00

DOCUMENT # L04000089291

1. Entity Name
CATO'S WINE CELLAR LLC

Principal Place of Business	Mailing Address
4004 AURORA A CORAL GABLES, FL 33134	1115 MILAN AVENUE CORAL GABLES, FL 33134

02052007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4004 Aurora St.	4004 Aurora St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables - FL	City & State: Coral Gables - FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. FEI Number: 04-3816782 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YANES, MARIA LUCIA 1115 MILAN AVENUE CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM YANES, CARLOS 1115 MILAN AVENUE CORAL GABLES, FL 33134	☐ Delete	MGR Yanes, Carlos 1115 Milan Avenue Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PEUMA, INC 354 SEVILLA CORAL GABLES, FL 33134	☒ Delete	MGR Padilla, Saul One SE Third Ave., Suite 2250 Miami, FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: YANES · Carlos Yanez, MGR 2/27/07 305-648-2630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #