


**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90156 001 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L05000031649**

1. Entity Name  
**THE LIQUID GRAPE LLC**



Principal Place of Business  
 1200 SW 26TH ST  
 CAPE CORAL, FL 33914

Mailing Address  
 1200 SW 26TH ST  
 CAPE CORAL, FL 33914

2. Principal Place of Business  
**2209 SANTA BARBARA**  
 Suite, Apt. #, etc.  
**107**

3. Mailing Address  
**2209 SANTA BARBARA**  
 Suite, Apt. #, etc.  
**107**

City & State  
**CAPE CORAL, FL**

City & State  
**CAPE CORAL, FL**

Zip  
**33991** Country  
**USA**

Zip  
**33991** Country  
**USA**



01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-2552198** Applied For  
 (Not Applicable)

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

6. Name and Address of Current Registered Agent

**PICHETTE, GILLES R**  
 1200 SW 26TH ST.  
 CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

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 date if applicable. NOTE: Registered Agent signature required when remaining.

Filing Fee is \$50.00  
 Due by May 1, 2006

Make check payable to  
 Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS                     |   | 10. ADDITIONS/CHANGES                            |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGR<br>PICHETTE, JENNIFER<br>1200 SW 26TH ST.<br>CAPE CORAL, FL 33914 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGRM<br>PICHETTE, GILLES<br>1200 SW 26TH ST<br>CAPE CORAL, FL 33914 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.

SIGNATURE: Jennifer Pichette Date: 4-10-2006  
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE