



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90007 009 ****55.00

DOCUMENT # L05000061842 1. Entity Name VINTAGE DISTRIBUTING OF FLORIDA, LLC					
Principal Place of Business 40421 CHANCEY ROAD ZEPHYRHILLS, FL 33542				Mailing Address 40421 CHANCEY ROAD ZEPHYRHILLS, FL 33542	
2. Principal Place of Business <i>40421 Chancey Rd</i>		3. Mailing Address <i>40421 Chancey Rd</i>		 07122006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc. <i>STE C</i>		Suite, Apt. #, etc. <i>STE C</i>			
City & State <i>Zephyrhills FL</i>		City & State <i>Zephyrhills FL</i>			
Zip <i>33542</i>		Zip <i>33542</i>			
Country <i>USA</i>		Country <i>USA</i>		4. FEI Number <i>27-0127385</i>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent GRABER, MURRAY 29554 FADE CT. SAN ANTONIO, FL 33576			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>Murray Graber</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRABER, MURRAY 29554 FADE CT. SAN ANTONIO, FL 33576		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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.

Murray Graber 7/13/06