

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**DOCUMENT # L05000076466**

1. Entity Name  
**WHISKEY RIVER OF KISSIMMEE, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN -2 PM 1:17

Principal Place of Business      Mailing Address  
**4657 W. IRLON BRONSON MEMORIAL HWY  
KISSIMMEE FL 34746**      **1363 BOULDER DRIVE  
KISSIMMEE FL 34744**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/07)

4. FEI Number      Applied For  
**16-1729469**      No: 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

**SULTAN, MICHAEL S  
BOULDER DRIVE  
KISSIMMEE FL 34744**

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, and hereby certifies that it is in compliance with, and accepts the obligations of registered agent.

SIGNATURE \_\_\_\_\_      DATE **06/06/08**      FEE **01027-017**      \*\*143.78

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008, Fee Will Be \$538.75  
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>MGR</b>                | <input type="checkbox"/> Delete |
| NAME           | <b>SULTAN, MICHAEL S</b>  |                                 |
| STREET ADDRESS | <b>1363 BOULDER DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>KISSIMMEE FL 34744</b> |                                 |
| TITLE          | <b>MGR</b>                | <input type="checkbox"/> Delete |
| NAME           | <b>SULTAN, JUDY A</b>     |                                 |
| STREET ADDRESS | <b>1363 BOULDER DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>KISSIMMEE FL 34744</b> |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

**6. Addict JUN 14 2008**

11. I hereby certify that the information supplied with this filing meets the quality for the information contained in Section 119, Florida Statutes. I further certify that the information contained on this report is true and accurate and that my signature shall have the same legal effect as if made by the owner, 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: *Michael S. Sultan*

4/29/08 HCA