

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004384

Entity Name: ROSEVINE WINERY, LLC

FILED
Mar 31, 2008
Secretary of State

Current Principal Place of Business:

2424 N. FEDERAL HWY
SUITE 455
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

2424 N. FEDERAL HWY
SUITE 455
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 20-4102900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSENBERG, ANN
2424 N. FEDERAL HWY.
SUITE 455
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MEMB () Delete
Name: ROSEVINE ENTERPRISES, , LLC
Address: 2424 N. FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33431 US

Title: MEMB () Delete
Name: DEROSE INVESTMENTS,, LLC
Address: 1950 SPECTRUM CIRCLE, SUITE 400
City-St-Zip: MARIETTA, GA 30067

Title: MEMB () Delete
Name: D'VINE WINE, INC.,
Address: 44 CHARLES ST. WEST, SUITE 3603
City-St-Zip: TORONTO, ON M4Y 1R8 CA

ADDITIONS/CHANGES:

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

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 exemption stated in Chapter 119, 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: ROSEVINE ENTERPRISES

MEMB

03/31/2008

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