

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011684

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: DAYS OF WINE & ROSES, LLC

**Current Principal Place of Business:**

428 ISLAND CAY WAY  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

428 ISLAND CAY WAY  
APOLLO BEACH, FL 33572

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

PIPPEN, JOSEPH F ESQ.  
10225 ULMERTON ROAD, BUILDING 11  
LARGO, FL 33771 US

**Name and Address of New Registered Agent:**

COLLIS, GAIL M  
428 ISLAND CAY WAY  
APOLLO BEACH, FL 33572 US

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: GAIL M. COLLIS

01/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COLLIS, GAIL  
Address: 428 ISLAND CAY WAY  
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGR ( ) Delete  
Name: O'KEEFE, DOREEN  
Address: 428 ISLAND CAY WAY  
City-St-Zip: APOLLO BEACH, FL 33572

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COLLIS, GAIL  
Address: 428 ISLAND CAY WAY  
City-St-Zip: APOLLO BEACH, FL 33572

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DOREEN O'KEEFE

MGR

01/04/2007

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