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Secretary of State

03-19-2007 90463 004 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000023082

1. Entity Name
CARILLON WINE AND LIQUOR, L.L.C.

30003875

03112007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
~~13260 34TH STREET NORTH~~	~~13260 34TH STREET NORTH~~
~~CLEARWATER, FL 33462~~	~~CLEARWATER, FL 33462~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3150 Tampa Road	3150 Tampa Road
Suite, Apt. #, etc.: 2	Suite, Apt. #, etc.: 2
City & State: Oldsmar, FL	City & State: Oldsmar, FL
Zip: 34677 Country:	Zip: 34677 Country:

4. FEI Number: 20-4427829 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, DILIP
~~13260 34TH STREET NORTH~~
~~CLEARWATER, FL 33462~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 12719 Benty Way
City: Odessa FL Zip Code: 33556

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: Dilip Patel
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PATEL, DILIP ~~13260 34TH STREET NORTH~~ ~~CLEARWATER, FL 33462~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12719 Benty Way Odessa, FL 33556	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PATEL, DIVYA ~~13260 34TH STREET NORTH~~ ~~CLEARWATER, FL 33462~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12719 Benty Way Odessa, FL 33556	☒ Change ☐ Addition
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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 608, Florida Statutes.

SIGNATURE: Dilip Patel 3/13/07 8134729157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #