

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90198 043 ****50.00

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03192007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000031669 1. Entity Name OAK BARREL WINERY, LLC					
Principal Place of Business 3101 N. COUNTRY CLUB DRIVE SUITE 109 AVENTURA, FL 33180			Mailing Address 3101 N. COUNTRY CLUB DRIVE SUITE 109 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # 3101 N. country club Dr.		3. Mailing Address same			
Suite, Apt. #, etc. #109		Suite, Apt. #, etc.			
City & State Aventura, FL		City & State		4. FEI Number 20-4603776	
Zip 33180		Country USA		Zip 	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOOTHMAN, ALEXA 3101 N. COUNTRY CLUB DRIVE SUITE 109 AVENTURA, FL 33180				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 <u><i>Alexa Boothman</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 BOOTHMAN, ALEXA 3101 N. COUNTRY CLUB DRIVE #109 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEARL, CHRISTOPHER M 3101 N. COUNTRY CLUB DRIVE #109 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Alexa Boothman</i></u>			3/20/07 305-401-3437		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		