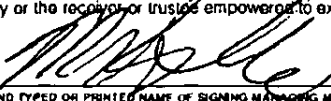


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 02, 2007 8:00 am
Secretary of State

04-19-2007 90029 038 *****50.00

DOCUMENT # L06000041038 1. Entity Name COLD TAPS, LLC					
Principal Place of Business ACS/COLD TAPS P O BOX 38 HAWTHORNE FL 32640			Mailing Address ACS/COLD TAPS P O BOX 38 HAWTHORNE FL 32640		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 20-4720223				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent KANE, DONALD 8193 CARL BROOK ROAD KEYSTONE HEIGHTS FL 32656			7. Name and Address of New Registered Agent 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KANE, DONALD 8193 CARL BROOK ROAD KEYSTONE HEIGHTS FL 32656	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MYER, MICHAEL M 7558 ALAMEDA WAY KEYSTONE HEIGHTS FL 32656	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  1/29/07 352-481-0068 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deline Price					