

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049713

FILED
Mar 14, 2009
Secretary of State

Entity Name: VINESTREET LLC

Current Principal Place of Business:

4600 SMITHFIELD ROAD
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

4600 SMITHFIELD ROAD
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 20-4878434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNELL, CHARLES JR.
4600 SMITHFIELD ROAD
MELBOURNE, FL 32934 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: MGRM () Delete
Name: SNELL, CHARLES JR.
Address: 4600 SMITHFIELD ROAD
City-St-Zip: MELBOURNE, FL 32934

Title: MGRM () Delete
Name: SNELL, GARY
Address: 680 OLD GENEVA
City-St-Zip: GENEVA, FL 32732

Title: MGRM () Delete
Name: SWEAT, MYRA
Address: 680 OLD GENEVA
City-St-Zip: GENEVA, FL 32732

Title: MGRM () Delete
Name: SNELL, CYNTHIA
Address: 4600 SMITHFIELD ROAD
City-St-Zip: MELBOURNE, FL 32934

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:

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: CHARLES SNELL

MGRM

03/14/2009

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