

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90100 028 ***138.75

DOCUMENT # L06000054585

1. Entity Name

MAJESTIC OAKS VINEYARD, LLC



Principal Place of Business

**4100 S. FERDON BLVD., SUITE C-4
CRESTVIEW FL 32536**

Mailing Address

**3180 MATHIESON DR., UNIT 502
ATLANTA GA 30305**



2. Principal Place of Business - No P.O. Box #

5887 Glenridge Dr.

Suite, Apt. #, etc.

Suite 275

City & State

Atlanta, GA

Zip

30328

Country

USA

3. Mailing Address

5887 Glenridge Dr.

Suite, Apt. #, etc.

Suite 275

City & State

Atlanta, GA

Zip

30328

Country

USA

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-5008692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, BRET A
THE MOORE LAW FIRM, P.A.
135 E. JOHN SIMS PARKWAY
NICEVILLE FL 32578**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete
NAME **MR. WEENER, PHILIP H**
STREET ADDRESS **5887 GLENRIDGE DRIVE NE, SUITE 275**
CITY - ST - ZIP **ATLANTA GA 30328**

TITLE ☐ Delete
NAME **MR. NATHAN, ERIC J**
STREET ADDRESS **5887 GLENRIDGE DRIVE NE, SUITE 275**
CITY - ST - ZIP **ATLANTA GA 30328**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Delete
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CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-30-08