# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 01, 2008 8:00 am**
**Secretary of State**
02-22-2008 90042 043 ***143.75

DOCUMENT # L06000076211

1. Entity Name
HOBE SOUND VINEYARD, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1935 COMMERCE LANE, SUITE 2<br>JUPITER, FL 33458 | 1935 COMMERCE LANE, SUITE 2<br>JUPITER, FL 33458 |

DO NOT WRITE IN THIS SPACE

02112008No Chg-LLC CR2E083 (12/07)

4. FEI Number
03-0601501

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, MANUEL J
1935 COMMERCE LANE, SUITE 2
JUPITER, FL 33458

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

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | DIAZ, MANUEL J |
| STREET ADDRESS | 1935 COMMERCE LANE, SUITE 2 |
| CITY-ST-ZIP | JUPITER, FL 33458 |
| TITLE | MGRM |
| NAME | DIAZ, JASON M |
| STREET ADDRESS | 3109 S.E. 24TH TERRACE |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | MGRM |
| NAME | SPALDING, CARL A |
| STREET ADDRESS | 3126 DAHLIA WAY |
| CITY-ST-ZIP | NAPLES, FL 34105 |
| TITLE | MGRM |
| NAME | MILLER, JOSEPH |
| STREET ADDRESS | 3156 CASSEEKEY ISLAND ROAD |
| CITY-ST-ZIP | JUPITER, FL 33477 |
| TITLE | MGRM |
| NAME | CORTES, JOSE |
| STREET ADDRESS | 3300 S.E. 22ND AVENUE |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: X PRESIDENT 3.11.08 561-741-0091
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #