

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092774

FILED  
Mar 03, 2007  
Secretary of State

Entity Name: WINE ME UP LLC

**Current Principal Place of Business:**

330 RIVER BLUFF DRIVE  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

1665 DUNLAWTON AVE  
SUITE 105  
PORT ORANGE, FL 32127 US

**Current Mailing Address:**

330 RIVER BLUFF DRIVE  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

FEI Number: 20-5580517      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRIEBIS, DANIEL S  
3890 TURTLE CREEK DRIVE  
SUITE B  
PORT ORANGE, FL 32127 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: KLEM, VIRGINIA S  
Address: 330 RIVER BLUFF DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM ( ) Delete  
Name: KLEM, ROBERT L  
Address: 330 RIVER BLUFF DRIVE  
City-St-Zip: PORT ORANGE, FL 32174 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: KLEM, ROBERT L  
Address: 330 RIVER BLUFF DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT L. KLEM

MGRM

03/03/2007

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