

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000093123

FILED
Sep 27, 2007
Secretary of State

Entity Name: VINEYARD WINE COMPANY, LLC

Current Principal Place of Business:

415 WOODSTEAD CIRCLE
LONGWOOD, FL 32779

New Principal Place of Business:

2144 ALAQUA LAKES BLVD
LONGWOOD, FL 32779

Current Mailing Address:

415 WOODSTEAD CIRCLE
LONGWOOD, FL 32779

New Mailing Address:

2144 ALAQUA LAKES BLVD
LONGWOOD, FL 32779

FEI Number: 20-8847643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, THOMAS G
415 WOODSTEAD CIRCLE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

JONES, THOMAS G
2144 ALAQUA LAKES BLVD
LONGWOOD, FL 32779 US

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: THOMAS JONES

09/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CANEZA, ERIN
Address: 826 ELLWOOD AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: MGRM () Delete
Name: BARKSDALE, CAROLINE
Address: 3763 HARBOR CREEK COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete
Name: JONES, ROBERT M
Address: 8816 OLD GREENSBORO ROAD, APT. 17203
City-St-Zip: TUSKALOOSA, AL 35405

Title: MGRM () Delete
Name: JONES, THOMAS
Address: 415 WOODSTEAD CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: JONES, LINDA
Address: 415 WOODSTEAD CIRCLE
City-St-Zip: LONGWOOD, FL 32779

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: MGRM (X) Change () Addition
Name: JONES, THOMAS
Address: 2144 ALAQUA LAKES BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Change () Addition
Name: JONES, LINDA
Address: 2144 ALAQUA LAKES BLVD
City-St-Zip: LONGWOOD, FL 32779

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: THOMAS JONES

MGRM

09/27/2007

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