

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093123

FILED
Jul 14, 2008
Secretary of State

Entity Name: VINEYARD WINE COMPANY, LLC

Current Principal Place of Business:

2144 ALAQUA LAKES BLVD
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2144 ALAQUA LAKES BLVD
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-8847643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, THOMAS G
2144 ALAQUA LAKES BLVD
LONGWOOD, FL 32779 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: 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: 2144 ALAQUA LAKES BLVD
City-St-Zip: LONGWOOD, FL 32779

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

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: STEPHANIE J VONDERA

ACT

07/14/2008

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