FILED Feb 11, 2008 8:00 am Secretary of State

2008 LIMITED LIABILITY	COMPANY			
ANNUAL REPORT				

DOCUMENT # L07000057993 1. Entity Name WINE KNOWLEDGE LLC			02-11-2008 90132 001 ***138.75			
Principal Plac	o of Rusinger	Mailing Address			<u> </u>	
		Mahing Address				
7152 HALLE	CK STREET	7152 HALLECK STREET	Γ			
MELBOURNE	. FL 32940 US	MELBOURNE, FL 3294	0 US	:		
INCLUSION IN	,12 02010 00	WEEDOOMIL, I'E DEO!	•	,	! (18/0) \$1/30 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address		*		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01212008 Chg-LLC CR2E083 (12/06)	
City & State	e 	City & State	_		4. FEI Number Applied For 26 - 0392789 Not Applie	
Zip .	Country	Zip	Coun	try	5. Certificate of Status Desired	
• • • • • • • • • • • • • • • • • • • •	6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and Address of New Registered Agent	
				Name	7. Italia dila Madicos di Itali Nagistalaa Mgalit	
LIMITED O	TATES CORROBATION AGEN	ITC INC		1401116		
	TATES CORPORATION AGEN	NIS, INC.		Ctron Address	ss (P.O. Box Number is Not Acceptable)	
	IDING OAKS BLVD			Sueer Address	is (P.O. Box Number is Not Acceptable)	
SUITE A-1						
TAMPA, F	L 33612-3425					
				- Cit.		
				City	FL Zip Code	
. The sheet				1		
the obligat	ions of registered agent.	r the purpose of changing its	registere	ea office or regist	stered agent, or both, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE .						
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registerei	d Agent signature requir	ired when reinstating) DATE	
		1			,	
	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	i		,	Make check payable to Florida Department of State	
9.	MANAGING MEMBE	DS /MANAGERS	10.		ADDITIONS/CHANGES	
			_			
TITLE	MGRM	Delete	THILE	.	☐ Change ☐ Add	lition
NAME	DOHERTY, FRANCIS		NAM	E		
STREET ADDRESS	7152 HALLECK STREET		STRE	ET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY	-ST-ZIP		
			-			
TITLE	MGRM	☐ Delete	TITLE	<u> </u>	☐ Change ☐ Ado	lition
NAME	DOHERTY, HELENE		NAM	E		
STREET ADDRESS	7152 HALLECK STREET		STRE	ET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY	-ST-ZIP		
**** C						
TITLE		☐ Delete	TITLE	- 1	☐ Change ☐ Ado	lition
NAME	<u>'</u>		NAM	I		
STREET ADDRESS	!		STRE	ET ADDRESS		
CITY-ST-ZIP						
				-ST-ZIP		
TITLE		□ Colete	CITY		Change Add	fition
TITLE		☐ Delete	CITY	:	☐ Change ☐ Ade	dition
NAME		☐ Celete	CITY TITLE NAM	E E	☐ Change ☐ Ade	dition
NAME STREET ADDRESS		☐ Delete	CITY TITLE NAMI	E ET ADDRESS	☐ Change ☐ Add	dition
NAME		☐ Delete	CITY TITLE NAMI	E E	☐ Change ☐ Add	noitit
NAME STREET ADDRESS CITY-ST-ZIP			CITY TITLE NAMI STRE CITY	E ET ADDRESS -ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY TITLE NAM STRE CITY	E E EET ADDRESS -ST-ZIP	☐ Change ☐ Add	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			CITY THE NAM STRE CITY THE	E E EET ADDRESS -ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			CITY TITLE NAM STRE CITY TITLE NAM STRE	E E E E E E E E E E E E E E E E E E E		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			CITY TITLE NAM STRE CITY TITLE NAM STRE	E E EET ADDRESS -ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete	CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	E E E E E E E E E E E E E E E E E E E	☐ Change ☐ Adi	dition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE	E E E E E E E E E E E E E E E E E E E		dition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ Oelete	CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM	E E E E E E E E E E E E E E E E E E E	☐ Change ☐ Adi	dition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ Oelete	CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	☐ Change ☐ Adi	dilion
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ Oelete	CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E E E E E E E E E E E E E E E E E E E	☐ Change ☐ Adi	dilion
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 11. I hereby cindicated	certify that the information supplied with lon this report is true and accurate and billity company or the receiver or truster	Delete Delete this filling does not qualify for that my signature shall have	CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE THE exe	E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP mptions containe a legal effect as if	Change Add Change Add Change Add Change Add of the information if made under oath; that I am a managing member or manager of the	dilion