

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075458

**FILED**  
**Apr 04, 2009**  
**Secretary of State**

**Entity Name:** DISTINCTIVE WINES, LLC

**Current Principal Place of Business:**

11801 U.S. ONE  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

11801 U.S. HIGHWAY ONE  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

11801 U.S. ONE  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

11801 U.S. HIGHWAY ONE  
NORTH PALM BEACH, FL 33408

**FEI Number:** 26-0573075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAILE, SHAW & PFAFFENBERGER P.A.  
11801 U.S. ONE  
NORTH PALM BEACH, FL 33408 US

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

CATHERINE CRAVEN  
11801 U.S. HIGHWAY ONE  
NORTH PALM BEACH, FL 33408 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: CATHERINE CRAVEN

04/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DISTINCTIVE WINES, LLC  
Address: 11801 US ONE  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DISTINCTIVE WINES, LLC  
Address: 11801 U.S. HIGHWAY ONE  
City-St-Zip: NORTH PALM BEACH, FL 33408

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: CATHERINE CRAVEN

MGRM

04/04/2009

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