2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# L07000095314

Entity Name: ENTERTAINMENT BEVERAGES DISTRIBUTORS OF FLORIDA, LLC

Current Principal Place of Business:

1930 NW 18TH STREET
BAY 14
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

90 KERRY PLACE
SUITE 2
NORWOOD, MA 02062 US

New Mailing Address:

FEI Number: 26-1085414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

A V O LAW GROUP, P.A.
407 LINCOLN ROAD
SUITE 9-L
MIAMI BEACH, FL 33139 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:	PERRY, STEPHEN C	
Address:	90 KERRY PLACE, SUITE 2	
City-St-Zip:	NORWOOD, MA 02062 US	
Title:	MGRM	( ) Delete
Name:	GILMORE, DONNA	
Address:	90 KERRY PLACE, SUITE 2	
City-St-Zip:	NORWOOD, MA 02062 US	
Title:	MGRM	( ) Delete
Name:	ORTEGA, ARNEL V	
Address:	407 LINCOLN ROAD, SUITE 9-L	
City-St-Zip:	MIAMI BEACH, FL 33139 US	

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:	

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: DONNA GILMORE MGRM 02/10/2009

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