2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Nober + Se NECU - Rober + Se NECU - SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGIR MANAGER, OR AUTHORIZED REPRESENTATIVE

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Secretary of State 02-27-2008 90075 024 ***138.75 **DOCUMENT #L07000099812** 1. Entity Name BOCA BOTTLE, LLC Principal Place of Business Mailing Address 21596 CASA MONTE CT 21596 CASA MONTE CT BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4 FE! Number 26-1487752 Not Applicable Zip _ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SENECA, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 21596 CASA MONTE CT BOCA RATON, FL 33433 City Zip Code FI 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 😽 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR M ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME SENECA, ROBERT C NAME 21596 CASA MONTE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE - Change - 🖾 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

FILED

Feb 27, 2008 8:00 am