

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118784

Entity Name: FAIRHOPE VINTNERS LLC

FILED
Jul 02, 2008
Secretary of State

Current Principal Place of Business:

1256 SE ILLUSION ISLE WAY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

1256 SE ILLUSION ISLE WAY
STUART, FL 34997

New Mailing Address:

FEI Number: 26-1569441 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, CHRISTOPHER D
1256 SE ILLUSION ISLE WAY
STUART, FL 34997 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: JONES, CHRISTOPHER D
Address: 1256 SE ILLUSION ISLE WAY
City-St-Zip: STUART, FL 34997

Title: MGR () Delete
Name: JONES, REGINA
Address: 1256 SE ILLUSION ISLE WAY
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, CHRISTOPHER D PRES
Address: 1256 SE ILLUSION ISLE WAY
City-St-Zip: STUART, FL 34997

Title: MGR (X) Change () Addition
Name: JONES, PATRICK B VP
Address: 1256 SE ILLUSION ISLE WAY
City-St-Zip: STUART, FL 34997

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: CHRISTOPHER JONES

PRES

07/02/2008

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