

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119356

FILED
May 01, 2008
Secretary of State

Entity Name: DISCOUNT VILLAGE SPIRITES LIMITED LIABILITY COMPANY

Current Principal Place of Business:

16535 N. HWY 301
BLDG C
CITRA, FL 32113

New Principal Place of Business:

Current Mailing Address:

PO BOX 215
ORANGE LAKE, FL 32681

New Mailing Address:

FEI Number: 33-1192282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MCMANAMY, ADA R
5561 NW191ST PLACE
ORANGE LAKE, FL 32681 US

Name and Address of New Registered Agent:

MCMANAMY, ADA R MGR/MEM
5561 NW191ST PLACE
ORANGE LAKE, FL 32681 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: ADA R. MCMANAMY

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCMANAMY, ADA R
Address: 16535 N. HWY 301, BLDG C
City-St-Zip: CITRA, FL 32113

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCMANAMY, ADA R, MGRM,
Address: 16535 N. HWY 301, BLDG C
City-St-Zip: CITRA, FL 32113

Title: MGR () Change (X) Addition
Name: RUSSELL, FRANK V MGR
Address: 5561 NW 191ST PL.
City-St-Zip: ORANGE LAKE, FL 32681

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: ADA R. MCMANAMY

MGRM

05/01/2008

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