

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000060806

**Entity Name:** MAGUIRE VINEYARDS, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9 ANASTASIA BLVD  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

1 DOLPHIN DRIVE  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

PO BOX 2202  
ST. AUGUSTINE, FL 32085

**New Mailing Address:**

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

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

MAGUIRE & ASSOCIATES, INC.  
1 DOLPHIN DRIVE  
ST. AUGUSTINE, FL 32080      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  
Name: MAGUIRE, BRUCE  
Address: 297 ST. GEORGE STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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: BRUCE A. MAGUIRE                      MGRM                      04/30/2010

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