2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2009
Secretary of State

DOCUMENT# L08000098502

Entity Name: THE WINE PLACE, LLC

Current Principal Place of Business:

5711 S FLAMINGO ROAD 162
COOPER CITY, FL 33330

New Principal Place of Business:

5722 S FLAMINGO ROAD
#162
COOPER CITY, FL 33330

Current Mailing Address:

5711 S FLAMINGO ROAD 162
COOPER CITY, FL 33330

New Mailing Address:

5722 S FLAMINGO ROAD
#162
COOPER CITY, FL 33330

FEI Number: 26-3430766 **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:

WEISSMARK, ELLIOT
5073 SWEETWATER TERRACE
COOPER CITY, FL 33330 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: MGR ( ) Delete
Name: WEISSMARK, ELLIOT
Address: 5073 SWEETWATER TERRACE
City-St-Zip: COOPER CITY, FL 33330

Title: MGRM ( ) Delete
Name: WEISSMARK, SHARI
Address: 5073 SWEETWATER TERRACE
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES:

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: ELLIOT WEISSMARK MGR 05/15/2009

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