2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 07, 2005 08:00 AM **Secretary of State** DOCUMENT # L99000003812 1. Entity Name WEST PALM WINES, LLC Principal Place of Business Mailing Address 2009 N. 22ND ST. 2009 N 22ND ST TAMPA, FL 33675 TAMPA, FL 33675 02012005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3611114 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITE, JOHN T DO NOT WRITE 2009 N 22ND ST TAMPA, FL 33675 IN THIS SPACE 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, typed or printed name of registered agent and liftle if applicable (NOTE Régistered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. UUUUTO? 18795 MGR TITLE 92/08/65-80001-017 50.00 NAME WHITE, JOHN T STREET ADDRESS 3301 BAYSHORE BLVD., #2005 TAMPA, FL 33619 CITY-ST-ZIP TITLE SIRNA, JAMES NAME STREET ADDRESS 2511 SIENA WAY CITY-ST-ZIP VALRICO, FL 33524 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE