| 2000   | IINIEARM R   | IICINECC                         | : DEDA          | DT /IIR                               | <b>2</b> 1   |   |            |                             |  |
|--|--|----------------------------------|-----------------|---------------------------------------|--|---|------------|-----------------------------|--|
| 2000 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # L9900005192  1. Entity Name SDP WINES, L.L.C.                         |  |                                  |                 |                                       | י <u>י</u>   | APPROVEU<br>AND<br>FILED<br>00 APR 18 AM 10: 56 |            |                             |  |
|  |  |                                  |                 |                                       | 0  |   |            |                             |  |
| Principal Place of Business Mailing Address 711 BUCHER ROAD 711 BUCHER ROAD MAITLAND FL 32751 MAITLAND FL 32751-4710 |  |                                  |                 |                                       | SECRETARY OF STATE   |   |            |                             |  |
| Principal Place of Business     3. Mailing Address   |  |                                  |                 |                                       |  |   |            |                             |  |
| Suite, Apt. #, etc. Suite, Apt. #,   |  |                                  |                 | etc.                                  |  | DO NOT WRITE IN                                 | THIS SPACE |                             |  |
| City & Stat  | e  | City & S                         | City & State    |                                       | 4. FEIN 59   | umber<br>- 359418.3                             | }          | pplied For<br>ot Applicable |  |
| Zip  | Country  | Zip                              |                 | Country                               | 5. Certificate of Status Desired Status Desired Fee Required |   |            |                             |  |
| 6. Name and Address of Current Registered Agent  |  |                                  |                 |                                       | 7. Name and Address of New Registered Agent                  |   |            |                             |  |
| PLASTOW, STEVEN DOUGLAS<br>711 BUCHER ROAD   |  |                                  |                 | Street A                              | Street Address (P.O. Box Number is Not Acceptable)           |   |            |                             |  |
| MAITLAND FL 32751  |  |                                  |                 |                                       | ,  |   |            |                             |  |
|  |  |                                  |                 | City                                  | FL Zip Code  |   |            |                             |  |
| 8. The above   | named entity submits this state                                  | ment for the purpose             | of changing its | registered office or                  | registered agent, o  | or both, in the State of Florida.               | •          |                             |  |
| SIGNATURE .  | Signature, typed or printed name of register                     | ed agent and title if applicable | e (NOTE         | : Registered Agent signatu            | te required when reinstating                                 | 10)   | DATE       | <del></del> ,               |  |
|  |  |                                  | <u> </u>        | OW!!! FEE IS \$                       |  |   |            |                             |  |
| Make Check Payal   |  |                                  |                 |                                       | 1  |   |            |                             |  |
| 9.   | <del></del>  | MEMBERS/MEMBE                    | RS              | 10.                                   |  | ADDITIONS/CHA                                   | NGES       |                             |  |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP  | MGRM   |                                  |                 | TITLE MAME STREET ADDRESS GITY-8T-ZIP | 200032389221<br>-05/04/0001010001<br>******50.00 ******50.00 |   |            |                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM Delete PLASTOW, SUZANNE D 711 BUCHER ROAD MAITLAND FL 32751 |                                  |                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u> </u>   |   | ☐ Change   | Addition                    |  |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP  | Deterte  |                                  |                 | NAME STREET ADDRESS CITY-ST-ZIP       |  |   | - Change   | Addition                    |  |
| TITLE NAME STREET ADDRESS C.TY-ST-ZIP  |  |                                  | Deleto          | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |   | Change     | Addition                    |  |
| TITLE  |  |                                  | Delete          | TITLE                                 |  |   | Change     | Addition                    |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY- \$T-ZIP

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TITLE

NAME

STREET ADDRESS CITY- \$1-ZIP

STREET ADDRESS

CITY-\$1-ZIP

Date

Change

Addition