

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000002078

1. Entity Name
HIGH FALLS BREWING COMPANY, LLC



Principal Place of Business
445 ST. PAUL STREET
ROCHESTER, NY 14605

Mailing Address
445 ST. PAUL STREET
ROCHESTER, NY 14605



03092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1591764

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when appointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000089990
03/16/04-80012-015 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
HUBBARD, SAMUEL T JR.
296 SANDRINGHAM ROAD
ROCHESTER, NY 14610

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
HENDERSON, JOHN B
145 BROOKSIDE DRIVE
ROCHESTER, NY 14618

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
GEMMIN, GARY C
8 FALLING BROOK ROAD
FAIRPORT, NY 14450

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/12/04

Date

Daytime Phone #