


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90363 046 ****50.00

DOCUMENT # M03000000563	
1. Entity Name PERNOD RICARD USA, LLC	

Principal Place of Business 777 WESTCHESTER AVE LEGAL DEPARTMENT WHITE PLAINS, NY 10604	Mailing Address 777 WESTCHESTER AVE LEGAL DEPARTMENT WHITE PLAINS, NY 10604
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40117355



2. Principal Place of Business - No P.O. Box # 100 MANHATTANVILLE ROAD	3. Mailing Address 100 MANHATTANVILLE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05022007 Chg-LLC CR2E083 (12/06)

City & State Purchase, New York	City & State Purchase, New York
Zip 10577	Country USA
Zip 10577	Country USA

4. FEI Number 52-2318616	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RADLINGER, SOCTT 2728 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	
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7. Name and Address of New Registered Agent	
Name SCOTT RADLINGER	
Street Address (P.O. Box Number is Not Acceptable)	
City FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BORD, MICHEL		NAME Alain BARBET	
STREET ADDRESS 777 WESTCHESTER AVE		STREET ADDRESS 100 manhattanville Rd.	
CITY-ST-ZIP WHITE PLAINS, NY 10604		CITY-ST-ZIP Purchase, NY 10577	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LALLA, THOMAS R JR		NAME Peter Szemengyi	
STREET ADDRESS 777 WESTCHESTER AVE		STREET ADDRESS 100 manhattanville Rd	
CITY-ST-ZIP WHITE PLAINS, NY 10604		CITY-ST-ZIP Purchase, NY 10577	
TITLE T	<input checked="" type="checkbox"/> Delete	TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARBET, ALAIN		NAME Thomas R. Lalla, Jr.	
STREET ADDRESS 777 WESTCHESTER AVE		STREET ADDRESS 100 manhattanville Rd	
CITY-ST-ZIP WHITE PLAINS, NY 10604		CITY-ST-ZIP Purchase NY 10577	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: C. McEnaney **C. McEnaney, Asst Sec** **5/15/07** **914-848-4680**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #