


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # M05000000019</b><br>1. Entity Name<br>JOLLY PUMPKIN ARTISAN ALES LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>3115 BROAD ST. SUITE A<br>DEXTER, MI 48130 | Mailing Address<br>3115 BROAD ST. SUITE A<br>DEXTER, MI 48130 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01042007No Chg-LLC

CR2E083 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br>26-0071765                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

RYDER, CHARLES  
8025 SYCAMORE DR.  
NEW PORT RICHEY, FL 34654

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000761306  
05/25/07-80050-012 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>JEFFRIES, RON<br>3115 BROAD ST. SUITE A<br>DEXTER, MI 48130 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

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: RON JEFFRIES 5-1-07 734-926-4962  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #