



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90022 045 ****50.00

DOCUMENT # M05000002575			
1. Entity Name BISON BREWING CO., LLC			
Principal Place of Business 2598 TELEGRAPH AVENUE BERKELEY, CA 94704		Mailing Address 2598 TELEGRAPH AVENUE BERKELEY, CA 94704	
2. Principal Place of Business		3. Mailing Address PO Box 4821	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BERKELEY CA	
Zip		Zip 94704	
Country		Country USA	
		-03082006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 94-3278067		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOLOIX, JAMES P 5045 SW 74TH TERRACE MIAMI, FL 33143		Name 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 May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEL GRANDE, DANIEL 2598 TELEGRAPH AVENUE BERKELEY, CA 94704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		510-812-5996 3/8/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		Daytime Phone #	