2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000000379

1. Entity Name
EPICUREAN WINES, L.L.C.

Principal Place of Business	Mailing Address
811 FIRST AVE. SUITE 525 SEATTLE, WA 98104	811 FIRST AVE. SUITE 525 SEATTLE, WA 98104

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

02012008   Chg-LLC   CR2E083 (12/06)

4. FEI Number **91-1991908**	Applied For / Not Applicable
5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BERGER, JESSE
5331 NW 26TH CIRCLE
BOCA RATON, FL 33496

7. Name and Address of New Registered Agent

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES		
TITLE: MGR NAME: HAMMERSCHLAG, BEN STREET ADDRESS: 108 S. WASHINGTON, SUITE 206 CITY-ST-ZIP: SEATTLE, WA 98104	☐ Delete	TITLE: MGR NAME: Hammerschlag, Ben STREET ADDRESS: 811 First Ave, Suite 525 CITY-ST-ZIP: Seattle, WA 98104	☒ Change	☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition

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: _Cindy Kozranci_   2-7-08   206923 1376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

ATTACHMENT

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SPECIAL POWER OF ATTORNEY

I, Benjamin Hammerschlag as sole member of Epicurean Wines LLC, residing at 108 S. Washington, Suite 206, Seattle, Washington 98104, hereby appoint Cindy Kosiancic of 16557 162nd Place SE, Renton, Washington 98058, as my attorney-in-fact ("Agent") to exercise the powers and discretions described below.

My agent shall have full power and authority to act on my behalf but only to the extent permitted by this Special Power of Attorney. My Agent's powers shall include the power to:

1. Sign and execute all "License Agreements and Renewals" on behalf of Epicurean Wines, LLC,
2. Sign and execute all "Permits" on behalf of Epicurean Wines, LLC.
3. Sign and execute all "State and Federal Reporting" on behalf of Epicurean Wines, LLC.
Sign and execute all "Label and Brand Registrations" on behalf of Epicurean Wines, LLC.

I hereby grant to my Agent the full right, power, and authority to do every act, deed, and thing necessary or advisable to be done regarding the above powers, as fully as I could do if personally present and acting.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing, (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, or (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney. A successor Agent shall not be liable for acts of a prior Agent.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, but only if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately, and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an

ATTACHMENT

New York   New York

STATE OF ~~WASHINGTON~~, COUNTY OF ~~KING~~, ss:

The foregoing instrument was acknowledged before me this 17ᵗʰ day of
February , 2007 by Benjamin Hammerschlag as sole member of
Epicurean Wines LLC, who is personally known to me or who has produced
WA DL # HAmmEBG298m8 as identification.
exp 07/09

Signature of person taking acknowledgment

Steve Khobdovsky
Name typed, printed, or stamped

Notary Address:

589 Broadway
New York, NY 10012

STEVEN KHOLODOVSKY
Notary Public - State of New York
No. 01KH6145695
Qualified In Richmond County
My Commission Expires May 08, 2010

ATTACHMENT

60010547

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applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated 2/17/07 , _____, at Seattle, Washington.

Epicurean Wines LLC

Benjamin Hammerschlag, Member

Witness Signature: _____
      Name: _____
      City: New York
      State: NY

Witness Signature: _____
      Name: _____
      City: _____
      State: _____