

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90030 029 ***138.75

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04252008 Chg-LLC CR2E083 (12/06)

DOCUMENT # M07000005639 1. Entity Name PERUVIAN PISCO USA PARTNERS, LLC					
Principal Place of Business 3416 CHATSWORTH LANE ORLANDO, FL 32812			Mailing Address 3416 CHATSWORTH LANE ORLANDO, FL 32812		
2. Principal Place of Business - No P.O. Box # <u>5180 LAKE MARGARET DR.</u> Suite, Apt. #, etc.		3. Mailing Address <u>5180 LAKE MARGARET DR.</u> Suite, Apt. #, etc.			
City & State <u>ORLANDO, FL</u> Zip <u>32812</u>		City & State <u>ORLANDO, FL</u> Zip <u>32812</u>		4. FEI Number 20-5218476	
Country <u>USA</u>		Country <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEY, JOHN P 3416 CHATSWORTH LANE ORLANDO, FL 32812			7. Name and Address of New Registered Agent Name <u>HEY, JOHN P.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5180 LAKE MARGARET DR.</u> City <u>ORLANDO</u> FL <u>32812</u>		
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 <u>JOHN P. HEY, MANAGING MEMBER</u> DATE <u>4/25/2008</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, RICHARD W 500 9TH STREET KEY COLONY BEACH, FL 33051		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEY, JOHN P. 5180 LAKE MARGARET DR. ORLANDO, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>JOHN P. HEY, MANAGING MEMBER</u> DATE <u>4/25/2008</u> DAYTIME PHONE # <u>(407) 491-6469</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					