

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90033 004 ****50.00

DOCUMENT # M99000001257

1. Entity Name
PASCO BEVERAGE GROUP, LLC



Principal Place of Business
15000 US HIGHWAY 301 N
DADE CITY, FL 33523-2401

Mailing Address
P.O. BOX 97
DADE CITY, FL 33526-0097

20029397



2. Principal Place of Business

15000 Citrus County Dr

Suite, Apt. #, etc.

Suite 202

3. Mailing Address

Suite, Apt. #, etc.

03242006 Chg-LLC CR2E083 (11/05)

City & State

Dade City, FL

City & State

4. FEI Number
59-3583663

Applied For
Not Applicable

Zip Country

33523-2401

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REESE, BEN
15000 U.S. HIGHWAY 301 NORTH
DADE CITY, FL 33523-2401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

15000 Citrus County Dr.

Suite 202

Dade City, FL

Zip Code
33523-2401

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 BEN REESE

BEN REESE

03/28/06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME VILJOEN, GARY
STREET ADDRESS 15000 US HIGHWAY 301 N
CITY-ST-ZIP DADE CITY, FL 33523

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 219 Chestnut Forest Dr.
CITY-ST-ZIP Tampa, FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: GARY VILJOEN 04/10/06 813-301-4606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #