

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
May 12, 2008  
Secretary of State**

DOCUMENT# L07000105572

Entity Name: ALICANTE WINES, LLC

**Current Principal Place of Business:**

391 ISLA DORADA BOULEVARD  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

391 ISLA DORADA BOULEVARD  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REGISTERED AGENT CORPORATE SERVICES, INC.  
355 ALHAMBRA CIRCLE  
SUITE 801  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR                      ( ) Delete  
Name: ABASCAL, CARLOS E  
Address: 391 ISLA DORADA BLVD.  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGR                      (X) Delete  
Name: ABASCAL, MARCELINO  
Address: 391 ISLA DORADA BLVD.  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGR                      (X) Delete  
Name: SALCEDO, JORGE R  
Address: 901 BRICKELL KEY BLVD., #1202  
City-St-Zip: MIAMI, FL 33131 US

Title: MGR                      ( ) Delete  
Name: TORO, MARISELA  
Address: 391 ISLA DORADA BLVD.  
City-St-Zip: CORAL GABLES, FL 33143 US

**ADDITIONS/CHANGES:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOS E. ABASCAL

MGR

05/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date