

2001 UNIFORM BUSINESS REPORT (UBR)


0019137 AB

DOCUMENT # A28302

1. Entity Name

BIANCHI VINEYARDS, A CALIFORNIA LIMITED PARTNERS

FILED
 01 MAR 14 AM 11:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 5806 N. MODOC AVE.
 KERMAN CA 93630

Mailing Address
 5806 N. MODOC AVE.
 KERMAN CA 93630

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **95-2283088** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAYNOR, JOHN M
28 CORDOVA ST.
ST. AUGUSTINE FL 32084

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$0.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	100003888271--7
STREET ADDRESS	BIANCHI, GLENN A.	CITY-ST-ZIP	03/20/01 01068 001
CITY-ST-ZIP	30 EMERALD BAY LAGUNA BEACH CA 92651	CITY-ST-ZIP	****141.25 ****141.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	RANSOM, DONALD J.	CITY-ST-ZIP	
CITY-ST-ZIP	19450 SINGING HILLS DR. NORTHBIDGE CA	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **2-27-1** **948-646-6400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CPSE003 (1/1/00)