

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAY 29 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0020582
AB

DOCUMENT # **A28302**

1. Entity Name

**BIANCHI VINEYARDS, A CALIFORNIA LIMITED PARTNERS
HIP**

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.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

95-2283088

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

DAVID MOSKOWITZ

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

1420 N. KENDALL DRIVE

SUITE, 108

City

MIAMI

FL

Zip Code
33176

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 **DAVID MOSKOWITZ**

Signature, typed or printed name of registered agent and title if applicable.

2-14-02

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	CITY-ST-ZIP
	BIANCHI, GLENN A.	30 EMERALD BAY	LAGUNA BEACH CA 92651
	RANSOM, DONALD J.	19450 SINGING HILLS DR.	NORTHRIDGE CA

STREET ADDRESS	CITY-ST-ZIP

CR2E003 (9/01)

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: **SIGNATURE REQUIRED**

2-14-2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #