2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A28302 **DOCUMENT #**

1. Entity Name

BIANCHI VINEYARDS, A CALIFORNIA LIMITED PARTNERS



FILED

03 FEB 24 AM 9: 45 Principal Place of Business 5806 N. MODOC AVE. Mailing Address 5806 N. MODOC AVE. SEESE TARY OF SEATE TALLAHASSEE FLORIDA KERMAN CA 93630 KERMAN CA 93630 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 95-2283088 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSKOWITZ, DAVID Street Address (P.O. Box Number is Not Acceptable) 11420 N. KENDALL DR., STE. 108 **MIAMI FL 33176** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS BIANCHI, GLENN A. NAME 30 EMERALD BAY STREET ADDRESS CITY-ST-ZIP 100013043191 ^{02/24/03} 01090 012 **141.25 LAGUNA BEACH CA 92651 CITY-ST-ZIP DOCUMENT # STREET ADDRESS RANSOM, DONALD J. NAME 19450 SINGING HILLS DR. STREET ADDRESS CITY-ST-ZIF NORTHRIDGE CA CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME M THOMAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

Daytime Phone #

CR2E003 (10/02)