

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90112 023 ****50.00

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DOCUMENT # M05000004817

1. Entity Name
MENDOCINO CELLARS LLC



Principal Place of Business
**2350 MCNAB RANCH ROAD
 UKIAH, CA 95482**

Mailing Address
**2350 MCNAB RANCH ROAD
 UKIAH, CA 95482**

20051804



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
136 Wikip Dr. Suite D
 Suite, Apt. #, etc.
Santa Rosa, CA

07072006 Chg-LLC CR2E083 (11/05)

City & State

4. FEI Number
94-3295079

Applied For
 Not Applicable

Zip Country
95403 USA

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

6. Name and Address of Current Registered Agent

BARRETT, PAT
1212 N. 39TH STREET
TAMPA, FL 33605

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD, WILLIAM 2350 MCNAB RANCH ROAD UKIAH, CA 95482	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

RECEIVED
JUL 10 2006

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 correct. 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: *ella Halstead* **7/7/06** **7072842828** **28**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **301**