

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M98000000918</b> MARTIN WEYRICH WINERY, LLC <del>MARTIN BROTHERS WINERY, LLC</del> 4230 BUENA VISTA DRIVE PASO ROBLES CA 93446
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1a. Principal Place of Business Address 4230 BUENA VISTA DRIVE PASO ROBLES CA 93446
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address P.O. Box 2599 Suite, Apt. #, etc. City & State Paso Robles, CA 93447 Zip
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3. Date Organized or Qualified 08/20/1998	3a. State of Formation CA
4. FEI Number 77-0487402	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent KAUFMAN, LAZ 1605 N.W. 159TH MIAMI FL 33169
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>
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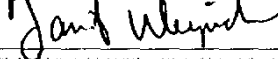
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____	DATE _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WEYRICH, DAVID B	2550 CRESTON RIDGE RD.	PASO ROBLES CA
MEM	WEYRICH, MARY T	2550 CRESTON RIDGE RD.	PASO ROBLES CA

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\*\*\*\*188.75 \*\*\*\*188.75

11. I do 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 annual report is true and accurate and that 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: 	David B. Weyrich	(805) 238-9234
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