


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000000918

1. Entity Name
MARTIN WEYRICH WINERY, LLC



Principal Place of Business 4230 BUENA VISTA DRIVE PASO ROBLES, CA 93446	Mailing Address P.O. BOX 7003 PASO ROBLES, CA 93447-7003
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07122005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 77-0487402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ACIREALE, GIANNI
 1217 LAKE BAY COURT
 WINTER GARDEN, FL 34787**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEYRICH, DAVID B 2550 CRESTON RIDGE RD. PASO ROBLES, CA 93446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM WEYRICH, MARY T 2550 CRESTON RIDGE RD. PASO ROBLES, CA 93446
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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: David B. Weyrich **David B. Weyrich, Managing Member**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #