

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90055 040 ****50.00

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MB

DOCUMENT # M02000002673

1. Entity Name
QUIVIRA VINEYARDS, LLC



Principal Place of Business
4900 WEST DRY CREEK ROAD
HEALDSBURG CA 95448

Mailing Address
4900 WEST DRY CREEK ROAD
HEALDSBURG CA 95448



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **94-3383059**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

\$0.00 **FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
QUIVIRA ESTATE VINEYARDS AND WINERY 4900 WEST DRY CREEK ROAD HEALDSBURG CA 95448	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

10. ADDITIONS / CHANGES

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

11. 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 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: ~~SIGNATURE REQUIRED~~ **7/29/03** **805-239-4502**

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

CR2E083 14/03

attachment



9050411
#M02000002673

Wednesday, July 30, 2003

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Uniform Business Report for Quivira Vineyards, LLC

To Whom It May Concern:

Enclosed please find a 2003 Uniform Business Report for Quivira Vineyards, LLC and a check in the amount of \$50.00. If you have any questions please contact me at the number below.

Sincerely,

A handwritten signature in black ink that reads "RDumas". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Rachel Dumas
Compliance Agent
Quivira Vineyards, LLC

Compli, LLC

Phone: (805) 239-4502 Fax: (805) 239-0152 Web: www.compli-beverage.com
840 11th Street, Suite 15, Paso Robles, CA 93446