

A06000000359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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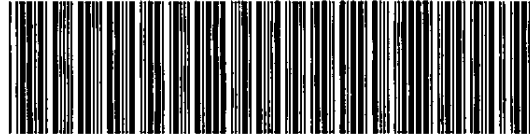
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RC Phase II Development, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A06000000359

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Angela DeLeon
Contact Person

RC Phase II Development, Ltd.
Firm/Company

10300 Chalk Hill Road
Address

Healdsburg CA 95448
City, State and Zip Code

adeleon@foleyfamilywines.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela DeLeon at (707) 657-4871
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. RC Phase II Development, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 03/09/2008 3. A06000000359
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Michael L. Gravelle
Name
601 Riverside Avenue
Address
Jacksonville FL 32204
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Colleen E. Haley
Name
601 Riverside Avenue
Florida street address (P.O. Box not acceptable)
Jacksonville FL 32204
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
16 APR 20 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA