

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A28302**

1. Entity Name  
**BIANCHI VINEYARDS, A CALIFORNIA LIMITED PARTNERSHIP**



Principal Place of Business  
**3380 BRANCH ROAD  
PASO ROBLES, CA 93446**

Mailing Address  
**3380 BRANCH ROAD  
PASO ROBLES, CA 93446**



01212008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

**95-2283088**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MOSKOWITZ, DAVID  
11420 N. KENDALL DR., STE. 108  
MIAMI, FL 33176**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #

NAME

**BIANCHI, GLENN A.**

STREET ADDRESS

**30 EMERALD BAY**

CITY-ST-ZIP

**LAGUNA BEACH, CA 92651**

DOCUMENT #

NAME

**RANSOM, DONALD J.**

STREET ADDRESS

**19450 SINGING HILLS DR.**

CITY-ST-ZIP

**NORTHRIDGE, CA**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

U00000854287  
03/27/08-80001-021 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. 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 accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/17/08

(949)646-6400

STAPLE CHECK HERE