2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Apr 26, 2005 08:00 AM Secretary of State

DOCUMENT # B9600000249 1. Entity Name PAUL HOBBS WINERY, LIMITED PARTNERSHIP					Secretary of State	
Principal Place of Business 3355 GRAVENSTEIN HIGHWAY NORTH SEBASTOPOL, CA 95472			Mailing Address 3355 GRAVENSTEIN HIGHWAY NORTH SEBASTOPOL, CA 95472			
2. Principal P	iace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04132005 Chg-LP CR2E003 (10/03)	
City & State		City & State			4. FEI Number Applied For 68-0251767 Not Applicable	
Zip	Zip Country Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	ent Registered Agent			7. Name and Address of New Registered Agent		
AUGUSTAN WINE IMPORTS				ame		
9801 PREMIER PARKWAY MIRAMAR, FL 33025			Str	reet Address (F	P.O. Box Number is Not Acceptable)	
			Cit	ty	FL Zip Code	
5. The above the obligat	named entity submits this statementions of registered agent.	nt for the purpose of changing	its registered off	fice or register	ed agent, or both, in the State of Florida. I am familiar with, and accept	
RIGNATURE			· <u> </u>	<u>/</u>		
Signature, typed or printed name of registered again and title it applicable.					DATE	
9. Capital Contributions as Shown on record. \$0.00 - 10. Amount of Capital C in FLORIDA to date				-	\$14125	
_	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS E MAY NOT be changed on	ENTITY MUST the form; an	BE REGIST	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12.	GENERAL PART	NER INFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME	HOBBS, PAUL			ORESS		
STREET ADDRESS CITY-ST-ZIP	1.07 7.100 120 1101 120			?		
DOCUMENT # NAME		STREET ADDRESS		ORESS	Unanazaataan	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	P	——————————————————————————————————————	
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STREET ADDRESS WITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT #			STREET ADDI	RESS		
STREET ADDRESS City-St-Zip			CITY-ST-ZIP			
14. I hereby condition indicated the received	ertify that the information supplied to this report is true and accurate a serior trustee empowered to execute	with this filling does not qualify and that my signature shall have this report as required by Cha	for the exemption we the same legal apter 620, Florida	n stated in Sec I effect as if ma a Statutes	ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or	
SIGNAT		OR PRINTED NAME OF SIGNING GENE			4/12/05 800-788-0212	