

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

SEP 06 REC'D

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 SEP 12 AM 11:04



DOCUMENT # B96000000249 1. Entity Name PAUL HOBBS WINERY, LIMITED PARTNERSHIP					
Principal Place of Business 3355 GRAVENSTEIN HIGHWAY NORTH SEBASTOPOL, CA 95472			Mailing Address 3355 GRAVENSTEIN HIGHWAY NORTH SEBASTOPOL, CA 95472		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7838 Suite, Apt. #, etc.			
City & State Zip		City & State Santa Rosa, CA Zip 95407		Country USA	
4. FEI Number 68-0251767		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AUGUSTAN WINE IMPORTS 9801 PREMIER PARKWAY MIRAMAR, FL 33025			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 Due by September 14, 2007				In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	3361 Gravenstein Hwy N	
STREET ADDRESS	HOBBS, PAUL		CITY-ST-ZIP	Sebastopol, CA 95472	
CITY-ST-ZIP	707 Hidden Acres Rd Healdsburg, CA 95448		STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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: <u>Paul Hobbs</u>			Date <u>9/4/07</u> Daytime Phone # <u>707-824-9879</u>		

STAPLE CHECK HERE