

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 14 AM 7:25

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|---|--------------------------|---|---|--|--|
| DOCUMENT # B96000000249 1. Entity Name PAUL HOBBS WINERY, LIMITED PARTNERSHIP | | | | | |
| Principal Place of Business 3355 GRAVENSTEIN HIGHWAY NORTH SEBASTOPOL, CA 95472 | | | Mailing Address PO BOX 7838 SANTA ROSA, CA 95407 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State | | 3. Mailing Address 160 Wikiup Drive, Suite 206 Santa Rosa, CA 95403 | | | |
| Zip | Country | Zip | Country USA | | |
| 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 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | HOBBS, PAUL | | CITY - ST - ZIP | | |
| STREET ADDRESS | 3361 GRAVENSTEIN HWY. N. | | | | |
| CITY - ST - ZIP | SEBASTOPOL, CA 95472 | | | | |
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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: <i>Paul Hobbs</i> | | | Paul Hobbs 3-7-08 707-824-9879 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | <small>Date Daytime Phone #</small> | | |

STAPLE CHECK HERE



03042008 Chg-LP CR2E003 (12/06)

4. FEI Number 68-0251767 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #