

2002 UNIFORM BUSINESS REPORT (UBR)

00206995 AB

DOCUMENT # B96000000311

1. Entity Name
VIVETTE & COMPANY A CALIFORNIA LIMITED PARTNERSHIP
IP

Principal Place of Business **Mailing Address**
1500 LOS CARNEROS AVENUE **1500 LOS CARNEROS AVENUE**
NAPA CA 94559 **NAPA CA 94559**

FILED
2002 FEB 25 PM 3: 06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **94-2910732** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MR. CHRIS LANO
STACOLE FINE WINES
1003 CLINT MOORE ROAD
BOCA RATON FL 33487

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.

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

9. Capital Contributions as Shown on record. **\$0.00** **10. Amount of Capital Contributions in FLORIDA to date.**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	STREET ADDRESS	CITY-ST-ZIP
	GRAVES, DAVID W	1500 LOS CARNEROS AVE.	NAPA CA
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	WARD, RICHARD A	1500 LOS CARNEROS AVE.	NAPA CA
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300005044243--0
CITY-ST-ZIP	03/05/02--01061--010
	***141.25 ***141.25
	150.00 150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **David W Graves**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(707) 252-0592

Date Daytime Phone #

CR2E003 (9/01)