

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # B96000000311

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



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

Mailing Address  
**1500 LOS CARNEROS AVENUE  
NAPA, CA 94559**



2. Principal Place of Business

3. Mailing Address

Suite Apt # etc

Suite Apt #, etc

01162004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**94-2910732**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

DATE

9. Capital Contributions  
as Shown on record

**\$0.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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  
CITY - ST - ZIP  
**GRAVES, DAVID W  
1500 LOS CARNEROS AVE.  
NAPA, CA**

STREET ADDRESS

CITY - ST - ZIP

**000000070234  
02/28/04 00019 022 141.25**

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

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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:

*D.W. Graves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1/29/04*

Date

707-252-0592

Daytime Phone #

STAPLE CHECK HERE