


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 JAN -5 AM 11:05</p> <p style="text-align: right;"><i>mtm</i> <i>1/16</i></p>	
1. Name of Limited Partnership VIANSA WINERY, A CALIFORNIA LIMITED PARTNERSHIP		1a. DOCUMENT # B97000000397			
Mailing Address 25200 ARNOLD DRIVE SONOMA CA 95478		Principal Office Address C/O PATRICK J. MCNEIL 55 PROFESSIONAL CENTER PARKWAY SAN RAFAEL CA 94903		3. Date Formed or Registered 08/07/1997	
2. Mailing Address Same		2a. Principal Office Address Same		3a. Date of Last Report N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation CA	
City & State		City & State		5a. Capital Contributions as Shown on record. \$5,000.00	
Zip		Country		5b. Amount of Capital Contributions in FLORIDA to date: \$5,000.00	
6. FEI Number 943001651				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					
\$156.25					
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					
10. If changed, new Registered Agent/Office Name Same					
Street Address (P.O. Box Number is Not Acceptable) 900002407349--7					
Suite, Apt. #, etc. -01/21/98--01105--024					
City FL					
Zip Code ****156.25 ****156.25					
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) SEBASTIANI, SAM SEBASTIANI, VICTORIA		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 25200 ARNOLD DRIVE 25200 ARNOLD DRIVE		11b. City, State & Zip Code SONOMA CA 95478 SONOMA CA 95478	
				11c. Registration/Document Number	
<div style="font-size: 2em; opacity: 0.5;">POSTED</div>					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE _____ DATE 12/23/97					
Typed or Printed Name of General Partner Signing Form Sam J. Sebastiani Daytime Telephone Number 707-935-4700					

CR2E003 (6/97)