2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000397

1. Entity Name

VIANSA WINERY, A CALIFORNIA LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
25200 ARNOLD DRIVE	25200 ARNOLD DRIVE
SONOMA CA 95476	SONOMA CA 95476

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**DUE BY SEPTEMBER 26, 2001**
City & State	City & State	**4.** FEI Number 94-3001651 — 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Capital Contributions as Shown on record. **$5,000.00**	**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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME SEBASTIANI, SAM STREET ADDRESS 25200 ARNOLD DRIVE CITY-ST-ZIP SONOMA CA 95476	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME SEBASTIANI, VICTORIA STREET ADDRESS 25200 ARNOLD DRIVE CITY-ST-ZIP SONOMA CA 95476	STREET ADDRESS CITY-ST-ZIP 7000045:27457--- 1 -08/09/01--01073--002 ****141.25 ****141.25
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CR2E003 (5/01)

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: _____   07/26/02

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