


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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| DOCUMENT # B97000000397 1. Entity Name VIANSA WINERY, A CALIFORNIA LIMITED PARTNERSHIP |  |
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|---|---|
| Principal Place of Business 25200 ARNOLD DRIVE SONOMA, CA 95476 | Mailing Address 25200 ARNOLD DRIVE SONOMA, CA 95476 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
 04 MAY -4 AM 11:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01122004 Chg-LP CR2E003 (10/03)

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| 4. FEI Number 94-3001651 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | 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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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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| 9. Capital Contributions as Shown on record. \$5,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
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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 |
| | LA FONTANA DI VIANSA LLC | | |
| | 103000003037 | | |
| | 25200 ARNOLD DRIVE | | |
| | SONOMA, CA 95476 | | |
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
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| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
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 05/10/04--01096--005 **141.50

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: _____ **4/19/04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE