

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # B97000000397 1. Entity Name VIANSIA WINERY, A CALIFORNIA LIMITED PARTNERSHIP					
Principal Place of Business 25200 ARNOLD DRIVE SONOMA, CA 95476			Mailing Address 25200 ARNOLD DRIVE SONOMA, CA 95476		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt # etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02082005 Chg-LP CR2E003 (10/03)	
4. FEI Number 94-3001651				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and (if not applicable)</small>					
9. Capital Contributions as Shown on record \$5,000.00			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 #	M03000000397		STREET ADDRESS		
NAME	LA FONTANA DI VIANSIA LLC		CITY- ST- ZIP		
STREET ADDRESS	25200 ARNOLD DRIVE				
CITY- ST- ZIP	SONOMA, CA 95476				
DOCUMENT #			STREET ADDRESS		
NAME			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)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					

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