

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 21 PM 3:46

1. Name of Limited Partnership

1a. DOCUMENT #
B97000000416

J WINE COMPANY LP



Mailing Address

Principal Office Address

P.O. BOX 6009
HEALDSBURG CA 95448

1600 NW 163RD STREET
MIAMI FL 33196

3. Date Formed or Registered

08/13/1997

5a. Capital Contributions as
Shown on record.

\$132,744.00

3a. Date of Last Report

12/24/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$110.00.00

4. State or Country of Formation

CA

6. FEI Number

68-0235038

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

N/A

2a. Principal Office Address

N/A

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

N/A

City & State

N/A

Zip

Country

N/A

Zip

Country

N/A

9. Name and Address of Current Registered Agent

FOLEY, RUSS
C/O SOUTHERN WINE & SPIRITS
1600 NW 163RD STREET
MIAMI FL 33196

10. If changed, new Registered Agent/Office

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

N/A

Suite, Apt. #, etc.

N/A

City

N/A

FL

Zip Code

N/A

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)

Russ Foley, Agent

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)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

JORDAN, THOMAS N JR.

150 NORTH STREET

HEALDSBURG CA 95448

JORDAN, JUDITH L

11447 OLD REDWOOD HIG

HEALDSBURG CA 95448

B97000000416

END.....

600002730206--0
-01/05/99--01038--020
****446.25 ****446.25

600002730206--0
-01/05/99--01038--021
*****80.00 *****80.00

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

Judith L Jordan

DATE 11-20-98

Typed or Printed Name of General Partner Signing Form

Judith L Jordan

Daytime Telephone Number

(707) 431-5400

CR2E003 (8/98)