

**2006 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT**

DOCUMENT # L02000006630

1. Entity Name  
INDIGO WINE GROUP, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 13 PM 8:47

Principal Place of Business  
256 S. NOKOMIS AVE.  
2  
VENICE, FL 34285

Mailing Address  
256 S. NOKOMIS AVE.  
2  
VENICE, FL 34285

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

06302006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
-64-0425539-02-0574317

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRITTON, ANDREW J ESQ  
151 CENTER RD.  
VENICE, FL 34292

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME GUPTA, RICHARD  
STREET ADDRESS 314 STONE BRIDGE CREEK DR.  
CITY-ST-ZIP VENICE, FL 34292

TITLE MGRM  
NAME ROBERTSON WINE CO.  
STREET ADDRESS S. HAROLD STREET  
CITY-ST-ZIP STELLENBOSCH, SA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

80000777300978  
07/19/06-01048-006 \*\*\$50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Richard Gupta, Manager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR UNAUTHORIZED REPRESENTATIVE

Date

Daytime Phone #