


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90131 050 \*\*\*138.75

<b>DOCUMENT # M00000000547</b>	
1. Entity Name SOUTH BAY WINE GROUP LLC	

Principal Place of Business 75 MALAGA COVE PLAZA, STE 7 PALOS VERDES ESTATES, CA 90274	Mailing Address <del>PO BOX 7838</del> <del>SANTA ROSA, CA 95407</del>
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60013901



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>160 Wikiup Drive, Suite 206</b> <b>Santa Rosa, CA 95403</b>
Suite, Apt. #, etc.	
City & State	City & State
Zip	Country <b>USA</b>

42008 Chg-LLC CR2E083 (12/06)

El Number 33-0607889	Applied For Not Applicable
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6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC.</b> <b>2731 EXECUTIVE PARK DRIVE, STE. 4</b> <b>WESTON, FL 33331</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POPOVICH, GREGORY 5219 MIDDLE CREST ROAD RANCHO PALOS VERDES, CA 90275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LLC MEMBER/COO CHRISTOPHER NOBLE 16 LARIAT LANE ROLLING HILLS ESTATE, CA 90274 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <b>Ila Halstead</b> 3/4/08 (707) 284-2028	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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