


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 29, 2004 8:00 am
Secretary of State

09-29-2004 90012 012 ****50.00

DOCUMENT # M01000002652	
1. Entity Name VAN RUITEN-TAYLOR WINERY L.L.C.	

Principal Place of Business 340 W STATE RD 12 LODI CA 95242	Mailing Address 340 W STATE RD 12 LODI CA 95242
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MOORE CR2E083 (4/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 68-1433908	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**KNOX, JIM
414 LAKESHORE DR
LAKE PARK FL 33403**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VAN RUITEN, JOHN	
STREET ADDRESS	16981 N. DAVID ROAD	
CITY-ST-ZIP	LODI CA 95242	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VAN RUITEN, JAMES	
STREET ADDRESS	14499 LOWER SACRAMENTO ROAD	
CITY-ST-ZIP	LODI CA 95242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 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: *Cherry Behrens* **08-20-04** **707-284-2828**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

RECEIVED
AUG 23 2004

Florida's future...
**Right Here.
Right Now.**

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
Jeb Bush, Governor

Diane Carr, Secretary

Attachment

24080354
#M01000000



SEPTEMBER 23, 2004

DEPARTMENT OF STATE DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P O BOX 6850
TALLAHASSEE, FL 32314

~~RE: CORRESPONDENCE RETURN~~

TO WHOM IT MAY CONCERN:

THE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION HAS RECEIVED YOUR REQUEST.

YOUR REQUEST CANNOT BE PROCESSED FOR THE FOLLOWING REASON(S):

ENCLOSED WITH THIS LETTER IS CHECK #4472, IN THE AMOUNT OF \$50.00.

THE ENCLOSED CHECK AND/OR PAPERWORK WAS SENT TO OUR OFFICE IN ERROR.

THANK YOU FOR YOUR COOPERATION. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE NUMBER BELOW.

ENCLOSURE

FM

THE ENCLOSED CHECK AND/OR PAPERWORK WAS SENT TO OUR OFFICE IN ERROR.
ENCLOSED WITH THIS LETTER IS CHECK #4472 IN THE AMOUNT OF \$50.00.
Phone: (850) 487-1395 1940 North Monroe Street Internet: www.MyFlorida.com
Tallahassee, Florida 32399-0783