


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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 68-1433908	Applied For <input type="checkbox"/> Not Applicable
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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	
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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 #

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

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

Diane Carr, Secretary



Attachment
24086354
#101066600

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