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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 21 AM 10:54

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001778

1. Entity Name
HENDRY RANCH WINERY, LLC

Rosemary 1-6-05 file # 4372 and 1-6-05

Principal Place of Business	Mailing Address
3104 REDWOOD RD NAPA, CA 94558	3104 REDWOOD RD NAPA, CA 94558

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01052006 Chg-LLC CR2E033 (10/03)

4. FEI Number
94-3270557

Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

~~JOHNSON BROTHERS LIQUOR COMPANY OF FLORIDA~~
~~4630 S. CHURCH~~
~~TAMPA, FL 33611~~

7. Name and Address of New Registered Agent

Name OPICI
Street Address (P.O. Box Number is Not Acceptable)
1423 WATERTOWER RD
City LAKE PARK FL Zip Code 33403-2904

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 I accept the obligations of registered agent.

SIGNATURE _____ DATE 10/7/05
Signature required when reinstating

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HENDRY, GEORGE 3104 REDWOOD RD NAPA, CA 94558 ☐ Delete	1-10-05 90054-038 $50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RIDLEY, SUSAN 3104 REDWOOD RD NAPA, CA 94558 ☐ Delete	REINSTATEMENT 2005 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jan Miller 1-6-05 925 256 4523
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

P.O. 6327 TAL FL 32314