FILED

## 2003 LIMITED LIABILITY COMPANY

## Aug 15, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR**) M02000002673 **DOCUMENT #** 08-15-2003 90055 040 \*\*\*\*50.00 QUIVIRA VINEYARDS, LLC Principal Place of Business 4900 WEST DRY CREEK ROAD Mailing Address 4900 WEST DRY CREEK ROAD HEALDSBURG CA 95448 HEALDSBURG CA 95448 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 94-3383059 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \_\_\_ \_\_\_\_\_ -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$0.00 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Change ☐ Addition QUIVIRA ESTATE VINEYARDS AND WINERY NAME 4900 WEST DRY CREEK ROAD STREET ADDRESS STREET ADDRESS **HEALDSBURG CA 95448** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



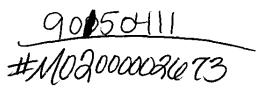
☐ Delete

7/29/03

Change

Addition





Wednesday, July 30, 2003

Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: Uniform Business Report for Quivira Vineyards, LLC

To Whom It May Concern:

Enclosed please find a 2003 Uniform Business Report for Quivira Vineyards, LLC and a check in the amount of \$50.00. If you have any questions please contact me at the number below.

Sincerely,

Rachel Dumas
Compliance Agent
Quivira Vineyards, LLC

Compli, LLC