

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90055 040 \*\*\*\*\*50.00

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**DOCUMENT # M02000002673**

1. Entity Name  
**QUIVIRA VINEYARDS, LLC**



Principal Place of Business  
**4900 WEST DRY CREEK ROAD  
HEALDSBURG CA 95448**

Mailing Address  
**4900 WEST DRY CREEK ROAD  
HEALDSBURG CA 95448**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **94-3383059**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**\$0.00**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**QUIVIRA ESTATE VINEYARDS AND WINERY**  
**4900 WEST DRY CREEK ROAD**  
**HEALDSBURG CA 95448**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

**7/29/03**

**805-239-4502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2ED83 14/031

attachment



90150411  
#M02000002673

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,

A handwritten signature in black ink, appearing to read "RDumas".

Rachel Dumas  
Compliance Agent  
Quivira Vineyards, LLC

Compli, LLC

Phone: (805) 239-4502 Fax: (805) 239-0152 Web: [www.compli-beverage.com](http://www.compli-beverage.com)  
840 11<sup>th</sup> Street, Suite 15, Paso Robles, CA 93446