

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 MAY -2 PM 4: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M02000002770

1. Entity Name  
PEPPER BRIDGE WINERY, L.L.C.



Principal Place of Business  
1704 J B GEORGE ROAD  
WALLA WALLA, WA 99362

Mailing Address  
1704 J B GEORGE ROAD  
WALLA WALLA, WA 99362



04212005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
91-1931700

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CARR, TIM  
9801 PREMIER PARKWAY  
MIRAMAR, FL 33025

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOFF, RAYMOND E PO BOX 313 SIMMS, MT 59477
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOGUE, MICHAEL PO BOX 31 PROSSER, WA 99350
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOFF, DIANA PO BOX 313 SIMMS, MT 59477
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PELLET, JEAN-FRANCOIS 1334 CRYSTAL COURT WALLA WALLA, WA 99362
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100054867401  
05/19/05--01081--007 \*\*\$0.00

**DO NOT WRITE  
IN THIS SPACE**

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

4-29-05

509-525-6502

Date

Daytime Phone #