


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90408 013 ****50.00

DOCUMENT # <u>MO2000003064</u>	
1. Entity Name <u>Esser Wines, LLC</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1200 Dowdell Ln</u> Suite, Apt. #, etc.	3. Mailing Address <u>4040 Spring Mountain Rd</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>St Helena, CA</u>	City & State <u>St Helena, CA</u>	4. FEI Number <u>30-0094459</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>94574</u>	Country <u>U.S.A.</u>	Zip <u>94574</u>	Country <u>U.S.A.</u>
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Lynn Booth</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1600 NW 163 Street</u>	
City <u>Miami</u>	FL Zip Code <u>33169</u>

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. **DATE** _____

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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**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: _____ **4.14.03** **7079631300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)