

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000003113

1. Entity Name

DOMAINE SELECT WINE ESTATES LLC



Principal Place of Business

**555 EIGHTH AVENUE - SUITE 2302
NEW YORK, NY 10018**

Mailing Address

**555 EIGHTH AVENUE - SUITE 2302
NEW YORK, NY 10018**

DO NOT WRITE IN THIS SPACE



07022004No Chg-LLC = CR2E083 (10/03)

4. FEI Number

13-7287697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

U00000165887
07/12/04-80031-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WALDENBERG, DAVID
STREET ADDRESS 555 EIGHTH AVENUE - SUITE 2302
CITY - ST - ZIP NEW YORK, NY 10018

TITLE MGR
NAME DOMENEGHETTI, PAOLO
STREET ADDRESS 25 BROAD ST
CITY - ST - ZIP NEW YORK, NY 10004

TITLE MGR
NAME DOMENEGHETTI, ALLISON
STREET ADDRESS 25 BROAD ST
CITY - ST - ZIP NEW YORK, NY 10004

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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)(f), 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

David Waldenberg - David Waldenberg

7/7/04 29

Daytime Phone #

212
12749