

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90485 002 \*\*\*\*50.00

DOCUMENT # M03000002197

1. Entity Name  
Z WINECO, LLC



Principal Place of Business

~~34 GRANADA DRIVE~~  
~~CORTE MADERA, CA 94925~~

Mailing Address

T36 WIKIUP DRIVE  
~~SUITE D~~  
SANTA ROSA, CA 95403

2. Principal Place of Business - No P.O. Box #

1285 Dealy Lane

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7838

Suite, Apt. #, etc.

City & State

Napa, CA

City & State

Santa Rosa, CA

Zip

Country

USA

Zip

95407

Country

USA

03072007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

94-3316965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUDSON, RICHARCD  
25278 OLYMPIA ROAD  
BROOKSVILLE, FL 34601

7. Name and Address of New Registered Agent

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

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME Z WINECO LLC  
STREET ADDRESS ~~34 GRANADA DRIVE~~ 1285 Dealy Lane  
CITY-ST-ZIP ~~CORTE MADERA, CA 94925~~ Napa, CA 94559

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Ila Halstead*

*Ila Halstead*

3/7/07

707.284.2828

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

Date

Daytime Phone #