


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90023 034 ****50.00

DOCUMENT # M04000003396		
1. Entity Name GIRARD WINERY LLC		

Principal Place of Business 3229 BENNETT LANE CALISTOGA, CA 94515	Mailing Address 136 WIKIUP DR SUITE D SANTA ROSA, CA 95403
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2. Principal Place of Business 1551 Sage Canyon Rd.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Helena, CA	City & State
Zip 95074	Country USA



03012006 Chg-LLC CR2E083 (11/05)

4. FEI Number 94-3385076	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RABORN, WAYNE 419 OAK HILL DRIVE ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RONEY, PATRICK 3959 SKY FARM DR. SANTA ROSA, CA 95403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of the date of filing, 2006, Florida Statutes.

SIGNATURE: <u><i>Ilia Halstead</i></u>	RECEIVED MAR 06 2006	3/1/06	707-284-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #	

CIU REV/ADM