

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-12-2007 90486 002 ****50.00

DOCUMENT # M04000003396



1. Entity Name
GIRARD WINERY LLC

Principal Place of Business
**1551 SAGE CANYON ROAD
ST HELENA, CA 95274**

Mailing Address
**136 WILKUP DR
SUITE D
SANTA ROSA, CA 95403**

60023173



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

3. Mailing Address

P.O. Box 7838

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072007 Chg-LLC CR2E083 (12/06)

City & State

City & State

Santa Rosa, CA

4. FEI Number
94-3385076

Applied For
Not Applicable

Zip

Country

Zip

Country

95407

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RABORN, WAYNE
419 OAK HILL DRIVE
ALTAMONTE SPRINGS, FL 32701**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
RONEY, PATRICK
3959 SKY FARM DR.
SANTA ROSA, CA 95403** ☐ Delete

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

TITLE
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CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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 required by Chapter 608, Florida Statutes.

SIGNATURE:

Ilse Halstead

Ilse Halstead

3/7/07

707-284-2828

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

Date

Daytime Phone #