

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90145 008 ****50.00

DOCUMENT # M04000003404

1. Entity Name
OAK RIDGE WINERY, LLC



Principal Place of Business
**6100 EAST HIGHWAY 12
LODI, CA 95240**

Mailing Address
**6100 EAST HIGHWAY 12
LODI, CA 95240**

DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
22-3862717

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HEIMAN, BRUCE
803 BELL ROAD
SARASOTA, FL 34240**

**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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MAGGIO, RUDY
24301 N. DEVRIES RD
LODI, CA 95242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REYNOLDS, DONALD R
20152 FAIRWAY CT.
WOODBIDGE, CA 95258**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REYNOLDS, ROBERT L
23290 N. PEARL RD
ACAMPO, CA 95220**

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 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: _____

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

Date

Daytime Phone #

(209) 369-4198