

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000004817

**FILED**  
**Apr 25, 2008**  
**Secretary of State**

**Entity Name:** MENDOCINO CELLARS LLC

**Current Principal Place of Business:**

2350 MCNAB RANCH ROAD  
UKIAH, CA 95482

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 449  
HOPLAND, CA 95449

**New Mailing Address:**

**FEI Number:** 94-3295079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARRETT, PAT  
1212 N. 39TH STREET  
TAMPA, FL 33605 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** CRAWFORD, WILLIAM  
**Address:** 2350 MCNAB RANCH ROAD  
**City-St-Zip:** UKIAH, CA 95482

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** WILLIAM CRAWFORD

MGRM

04/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date