

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005771

FILED
Apr 10, 2007
Secretary of State

Entity Name: LONG SHADOWS VINTNERS LLC

Current Principal Place of Business:

1215 W. POPLAR
WALLA WALLA, WA 99362

New Principal Place of Business:

1604 IRELAND RD
WALLA WALLA, WA 99362

Current Mailing Address:

P. O. BOX 33670
SEATTLE, WA 98133

New Mailing Address:

FEI Number: 91-2180110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: SHOUP, ALLEN
Address: 1215 W. POPLAR
City-St-Zip: WALLA WALLA, WA 99362

Title: CFO () Delete
Name: WILLIAMSON, CHARLES M
Address: 1215 W. POPLAR
City-St-Zip: WALLA WALLA, WA 99362

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHOUP, ALLEN
Address: 1614 IRELAND RD
City-St-Zip: WALLA WALLA, WA 99362

Title: CFO (X) Change () Addition
Name: WILLIAMSON, CHARLES M
Address: 1614 IRELAND RD
City-St-Zip: WALLA WALLA, WA 99362

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES M. WILLIAMSON

CFO

04/10/2007

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