2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000004013

1. Entity Name EAGLE'S TRACE, LLC



FILED Feb 08, 2007 08:00 A Secretary of State

Principal Place of Business

680 ROSSI ROAD St. Helena. Ca. 94574 Mailing Address 680 ROSSI ROAD ST. HELENA, CA 94574

.



02012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 86-1065198 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

STACOLE FINE WINES 1003 CLINT MOORE ROAD BOCA RATON, FL 33487

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	The above named entity submits this statement for the purpose of changing its registered office or regis	stered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		
SI	GNATURE		

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	A MANAGING MEMBERS (MANAGERS		
	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	ANDERSON, GUSTAF A		
STREET ADDRESS	I * * * * * * * * * * * * * * * * * * *		
CITY-ST-ZIP	ST. HELENA, CA 94574		
TITLE	MGR		
NAME	ANDERSON, PHYLLIS B		
STREET ADDRESS	680 ROSSI ROAD		
CTTY-ST-ZIP	ST. HELENA, CA 94574		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP	; '		
TITLE			
NAME			
STREET ADDRESS	; ,		
CITY-ST-ZIP	,		
11 I hereby certify that the information symplied with this filling does not gus			

U00000627574 02/15/07-80065-016 50.00

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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

2-5-07 707-913-1812

Daytime Phone