

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000004013

1. Entity Name
EAGLE'S TRACE, LLC



Principal Place of Business
**680 ROSSI ROAD
ST. HELENA, CA 94574**

Mailing Address
**680 ROSSI ROAD
ST. HELENA, CA 94574**

DO NOT WRITE IN THIS SPACE



01302008 No Chg-LLC

CR2E083 (12/07)

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

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

**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

02/14/08-80075-013 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ANDERSON, GUSTAF A
STREET ADDRESS	680 ROSSI ROAD
CITY-ST-ZIP	ST. HELENA, CA 94574
TITLE	MGR
NAME	ANDERSON, PHYLLIS B
STREET ADDRESS	680 ROSSI ROAD
CITY-ST-ZIP	ST. HELENA, CA 94574
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

1/30/08 707-963-4412

Date

Daytime Phone #