2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Sep 10, 2007 8:00 am Secretary of State **DOCUMENT # M06000005101** 07-16-2007 90042 016 ****50.00 **TUDÁL WINERY LLC** 3007610. Principal Place of Business Mailing Address 1015 BIG TREE ROAD 1015 BIG TREE ROAD ST. HELENA, CA 94574 ST. HELENA, CA 94574 2. Principal Place of Business - No P.O. Box # Mailing Address P.O. BOX 7838 Suite, Apt. #, etc. Suite, Apt. #, etc. 09052007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For Santa Rosa. 94-3389598 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 5407 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARKRADER, ED Street Address (P.O. Box Number is Not Acceptable) 7250 NW 36TH AVE MIAMI, FL 33147 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating DATE Filing Fee is \$50.00 Make check payable to Due by September 14, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. LLC Managina Member MGR TITLE Delete TITLE Janet Baltas Rd. ARNOLD TUDAL, LLC NAME NAME STREET ADDRESS 1015 BIG TREE ROAD STREET ADDRESS Herndon, VA 20171 CITY-ST-7tP ST. HELENA, CA 94574 CITY-ST-ZIP LLC Managing John Tudal TITLE Member - Change ☐ Delete TITLE NAME ALMA TUDAL, LLG-NAME 1370 Sunny Hills STREET ADDRESS 1015 BIG TREE ROAD STREET ADDRESS CA 94610 CITY-ST-ZIP ST. HELENA, CA 94574 CITY-ST-ZIP MGR Managing-Member- - Change TITLE Delete TITLE TUDAL NAME NAME Marylin T 1320 Alpine STREET ADDRESS 1015 BIG TREE ROAD STREET ADDRESS CITY-ST-ZIP ST. HELENA, CA 94574 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE AND TYP MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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.