


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90131 044 ***138.75

DOCUMENT # M06000005101 1. Entity Name TUDAL WINERY LLC					
Principal Place of Business 1015 BIG TREE ROAD ST. HELENA, CA 94574			Mailing Address PO BOX 7838 SANTA ROSA, CA 95407		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State		3. Mailing Address 160 Wikiup Drive, Suite 206 Santa Rosa, CA 95403 City or State			
Zip	Country	Zip	Country	4. FEI Number 94-3389598	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARKRADER, ED 7250 NW 36TH AVE MIAMI, FL 33147			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALMA TUDAL, LLC <input type="checkbox"/> Delete 1015 BIG TREE ROAD ST. HELENA, CA 94574		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUDAL <input type="checkbox"/> Delete 1015 BIG TREE ROAD ST. HELENA, CA 94574		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALTAS, JANET <input type="checkbox"/> Delete 12700 FOX WOODS RD HERNDON, VA 20171		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUDAL, JOHN <input type="checkbox"/> Delete 1370 SUNNY HILLS PIEDMONT, CA 94610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIDGE, MARYLIN <input type="checkbox"/> Delete 4320 ALPINE RD PORTOLA VALLEY, CA 94028		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Ala Halstead</i>			SIGNATURE: <i>Ala Halstead</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 3/4/08 (707) 284-2828		