

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SEP 17 REC'D


FILED

2007 SEP 25 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09132007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M06000005485					
1. Entity Name AXIOM WINE COMPANY LLC					
Principal Place of Business 585 FIRST STREET WEST SONOMA, CA 95476			Mailing Address 585 FIRST STREET WEST SONOMA, CA 95476		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address P.O. BOX 7838		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Santa Rosa, CA		
Zip	Country	Zip	Country	4. FEI Number 20-3769551	
95407	USA	95407	USA	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive, Ste 4 City Weston FL Zip Code 33331		
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. NRAI Services, Inc. SIGNATURE <u>By: Amy Purdy</u> Amy Purdy, Assistant Secretary 9/13/07 <small>Signature, typed or printed name of registered agent and its applicable. (NOTE: Registered Agent signature required when retaking)</small> DATE					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEESE, DANIEL 585 FIRST STREET WEST SONOMA, CA 95476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALKER, DOUGLAS 585 FIRST STREET WEST SONOMA, CA 95476 <input type="checkbox"/> Delete	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		
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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		
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			9/19/07 707-284-2828 Date Daytime Phone #		