


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M07000004177</b>	
1. Entity Name <b>JOSEPH PHELPS VINEYARDS LLC</b>	

Principal Place of Business <b>200 TAPLIN ROAD ST. HELENA, CA 94574</b>	Mailing Address <b>200 TAPLIN ROAD ST. HELENA, CA 94574</b>
--	--



02222008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>94-3346469</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reselecting) DATE \_\_\_\_\_

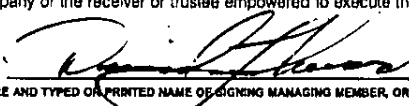
**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000945343  
03/13/08-80036-003 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHELPS, JOSEPH F 200 TAPLIN ROAD ST. HELENA, CA 94574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHELPS, WILLIAM H 200 TAPLIN ROAD ST. HELENA, CA 94574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, CRAIG 200 TAPLIN ROAD ST. HELENA, CA 94574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHELTON, THOMAS 200 TAPLIN ROAD ST. HELENA, CA 94574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOCKWOOD, C. DAVID 200 TAPLIN ROAD ST. HELENA, CA 94574
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:**  **David Lockwood** **707/967-3718**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #