


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-11-2008 90131 048 \*\*\*138.75

<b>DOCUMENT # M07000004419</b> 1. Entity Name <b>JACUZZI FAMILY VINEYARDS, LLC</b>	
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Principal Place of Business <b>24724 ARNOLD DR SONOMA, CA 95476</b>	Mailing Address <b>24724 ARNOLD DR SONOMA, CA 95476</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address <b>160 Wikiup Drive, Suite 206 Santa Rosa, CA 95403</b>  City & State  Zip	Country <b>USA</b>
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03042008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**42-1618226**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

Applied For  
Not Applicable

<b>6. Name and Address of Current Registered Agent</b>  <b>GOBLER, ROGER 8546 SE WILKES PLACE HOBE SOUND, FL 33455</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CLINE, FREDERIC T 24724 ARNOLD DR SONOMA, CA 95476</b> <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	<b>MGRM CLINE, NANCY JOAN 24724 ARNOLD DR SONOMA, CA 95476</b> <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

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:** *Ila Halstead* **Ila Halstead** 3/4/08 (767)284-2828

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