

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000123

1. Entity Name

APPELLATION IMPORTS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -7 PM 2:16

Principal Place of Business

Mailing Address

12011 GUILFORD RD STE 109
ANNAPOLIS JUNCTION, MD 20701

2. Principal Place of Business

3. Mailing Address

211 WAPOO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 202

City & State

City & State

CALISTOGA CA

Zip

Country

Zip

Country

94515

4. FEI Number

52-1924279

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE HALL
1201 HAYS ST STE 105
TALLAHASSEE, FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100003907601-2
-03/23/01-01054-015
****150.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME JEAN NOEL FOURMEAUX
STREET ADDRESS 3875 MT VEEDER RD
CITY-ST-ZIP NAPA, CA 94558

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME MICHAEL FRANKLIN
STREET ADDRESS 1403 STONECREEK RD
CITY-ST-ZIP ANNAPOLIS, MD 21403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME HENRY SHUEY
STREET ADDRESS 7 OLD LYME
CITY-ST-ZIP LUTHERVILLE, MD 21093

TITLE
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Michael Franklin

MICHAEL FRANKLIN, PRES

2/22/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone

CR2E083 (11/00)