FILE NOW: Fee after May 1, will be \$588.75 APPROVED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT 1997 FEB -5 PM 1: 07 Secretary of State 1997 **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAHASSEE, FLORIDA **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **\$** 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #**496000000409 1a. Principal Place of Business Address HILL & THOMA WINES, LLC 1775 LINCOLN AVE 775 LINCOLN AVE NAPA CA 94558 NAPA CA 94558 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 0/17/1996 Sulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 68-0384792 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country 58.75 Additional Fee Bequired 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent STARZYK, STAN 13230 SW 32ND CT Street Address (P.O. Box Number is Not Acceptable) PAVIE FL 33330 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing Its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE _ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers City, State and Zip Code **Business Street Address** MGRM THOMA, CARL D 1775 LINCOLN AVE 94558 NAPA CA MGRM HILL, WILLIAM 1775 LINCOLN AVE 94558 MAPA CA MGRM MAYES, JOHN W. 1775 LINCOLN AVE NAPA, CA 94558 300002080853--8 -02/06/97--01134--019 ****203.75 ****203.75

11. I do 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 annual 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 bustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER OR MANAGER

JOHN W. MAYES

1/30/97

Daytime Phone #

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