
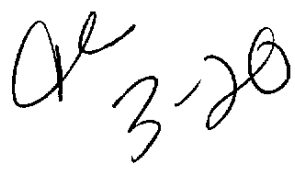
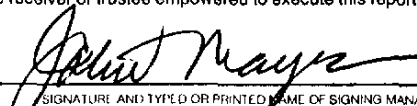


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 10 PM 3:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M96000000409 HILL & THOMA WINES, LLC 1775 LINCOLN AVE NAPA CA 94558		1a. Principal Place of Business Address 1775 LINCOLN AVE NAPA CA 94558			
2. Principal Place of Business 501 PARDUCCI ROAD Suite, Apt. #, etc. UKIAH CA City & State 95482-3015 Zip Country		2a. Mailing Address - Same - Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 10/17/1996 3a. State of Formation CA 4. FEI Number 68-0384792 5. Date of Last Report 02/05/1997 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent STARZYK, STAN 13230 SW 32ND CT DAVIE FL 33330		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 200002464242-1 Suite, Apt. #, etc. -03/20/98--01126--001 ***188.75 ***188.75 City FL 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	Business Street Address		City, State and Zip Code	
MGRM	THOMA, CARL D	1775 LINCOLN AVE		NAPA CA	
MGRM	HILL, WILLIAM	1775 LINCOLN AVE		NAPA CA	
MGRM	MAYES, JOHN W	1775 LINCOLN AVE 501 PARDUCCI ROAD		NAPA CA UKIAH, CA 95482	
					
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 trustee 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date _____ Daytime Phone # _____					