

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M98000000918

1. Entity Name
MARTIN WEYRICH WINERY, LLC



FILED
Jan 22, 2004 08:00 AM
Secretary of State

Principal Place of Business
**4230 BUENA VISTA DRIVE
PASO ROBLES, CA 93446**

Mailing Address
**P.O. BOX 7003
PASO ROBLES, CA 93447-7003**



DO NOT WRITE IN THIS SPACE

01052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
77-0487402

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ACIREALE, GIANNI
1217 LAKE BAY COURT
WINTER GARDEN, FL 34787**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WEYRICH, DAVID B
2550 CRESTON RIDGE RD.
PASO ROBLES, CA 93446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
WEYRICH, MARY T
2550 CRESTON RIDGE RD.
PASO ROBLES, CA 93446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

David B. Weyrich

01/06/04

805/238-9234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

David B. Weyrich, Managing Member