

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M99000001264

FILED
Apr 17, 2002 8:00 AM
Secretary of State

Entity Name: SHOWKET-AWNI WINES LLC

Current Principal Place of Business:

PO BOX 350
OAKVILLE, CA 94562

New Principal Place of Business:

Current Mailing Address:

PO BOX 350
OAKVILLE, CA 94562

New Mailing Address:

FEI Number: 68-0408107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SHOWKET, KHALIL
Address: 7778 SILVERADO TRAIL
City-St-Zip: NAPA, CA

Title: MGRM () Delete
Name: SHOWKET, DOROTHY
Address: 7778 SILVERADO TRAIL
City-St-Zip: NAPA, CA

Title: MGRM () Delete
Name: AWINI, ZAID
Address: 19748 CRYSTAL RIDGE LANE
City-St-Zip: NORTHRIDGE, CA

Title: MGRM () Delete
Name: AWINI, JANE
Address: 19748 CRYSTAL RIDGE LANE
City-St-Zip: NORTHRIDGE, CA

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KHALIL SHOWKET

MGRM

04/17/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date