

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000002673 1. Entity Name QUIVIRA VINEYARDS, LLC	
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Principal Place of Business 4900 WEST DRY CREEK ROAD HEALDSBURG, CA 95448	Mailing Address 136 WIKIUP DRIVE SUITE D SANTA ROSA, CA 95403
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DO NOT WRITE IN THIS SPACE



03012006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 94-3383059	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**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 _____
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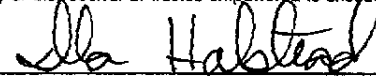
**Filing Fee is \$50.00
Due by May 1, 2006**

1000000467442
03/23/06-80047-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUIVIRA ESTATE VINEYARDS AND WINERY 4900 WEST DRY CREEK ROAD HEALDSBURG, CA 95448
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 605, Florida Statutes.

SIGNATURE: 	RECEIVED MAR 06 2006	3/1/06	707-284-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Date	Daytime Phone #