

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000180

Entity Name: NEW WEST LLC

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1625 FREESTONE FLAT ROAD  
FREESTONE, CA 95472

**New Principal Place of Business:**

**Current Mailing Address:**

1625 FREESTONE FLAT ROAD  
FREESTONE, CA 95472

**New Mailing Address:**

145 LEGACY CT  
NAPA, CA 94559

FEI Number: 94-3317539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/MANAGERS:**

Title: MGRM  
Name: PHELPS, JOSEPH  
Address: 1625 FREESTONE FLAT ROAD  
City-St-Zip: FREESTONE, CA 95472

Title: MGRM  
Name: LOCKWOOD, C. DAVID  
Address: 1625 FREESTONE FLAT ROAD  
City-St-Zip: FREESTONE, CA 95472

Title: MGRM  
Name: PHELPS, WILLIAM H  
Address: 1625 FREESTONE FLAT ROAD  
City-St-Zip: FREESTONE, CA 95472

I hereby 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: C. DAVID LOCKWOOD

MGRM

02/12/2010

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