


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001202 1. Entity Name CA KIRKLAND RANCH LLC	
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Principal Place of Business ONE KIRKLAND RANCH ROAD NAPA, CA 94558	Mailing Address PO BOX 5387 NAPA, CA 94581
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01062004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2694339	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

U00000144718
04/30/04-80142-030 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRKLAND, LARRY TWO KIRKLAND RANCH RD. NAPA, CA 94558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRKLAND, BILLIE TWO KIRKLAND RANCH RD. NAPA, CA 94558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRKLAND, LONNIE 936 AUGUSTA CIRCLE NAPA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVISON, CHRISTINE TWELVE KIRKLAND RANCH RD. NAPA, CA 94558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRKLAND, DEBORAH 705 COLLIER DRIVE DIXON, CA 95620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROSSI, JENNIFER 809 WEST 117TH ST., SOUTH JENKS, OK 74037

**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: *Deborah Kirkland* **Deborah Kirkland, Member** **04-26-04** **(707) 254-9100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #