

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90043 001 ****50.00

DOCUMENT # M99000001202

1. Entity Name

CA KIRKLAND RANCH LLC



Principal Place of Business

ONE KIRKLAND RANCH ROAD
NAPA CA 94558

Mailing Address

PO BOX 5387
NAPA CA 94581

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

94-2694339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 testating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KIRKLAND, LARRY TWO KIRKLAND RANCH RD. NAPA CA 94558 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KIRKLAND, LONNIE 936 AUGUSTA CIRCLE NAPA CA | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DAVISON, CHRISTINE TWELVE KIRKLAND RANCH RD. NAPA CA 94558 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KIRKLAND, DEBORAH 705 COLLIER DRIVE DIXON CA 95620 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GROSSI, JENNIFER 809 WEST 117TH ST., SOUTH JENKS OK 74037 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS / CHANGES

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE:

Deborah Kirkland

DEBORAH KIRKLAND, MEMBER 4/14/06

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

Date

Day/End Phone #

(707) 254-9100