

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001264

Entity Name: SHOWKET-AWNI WINES LLC

FILED  
Mar 24, 2006  
Secretary of State

**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/MANAGERS:**

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: AWNI, ZAID  
Address: 19748 CRYSTAL RIDGE LANE  
City-St-Zip: NORTHRIDGE, CA

Title: MGRM ( ) Delete  
Name: AWNI, 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 Chapter 119, 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: KAHLIL SHOWKET

MGRM

03/24/2006

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