

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-17-2006 90063 011 ****50.00

DOCUMENT # L04000041448



1. Entity Name
WEATHERSFIELD HOLDINGS L.L.C.

Principal Place of Business
 2708 ALT. 19 N, SUITE #507-6
 PALM HARBOR, FL 34683

Mailing Address
 P O BOX 1261
 DUNEDIN, FL 34697

20001040



2. Principal Place of Business

3. Mailing Address

01132006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-4286142

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANUCHOWSKI, CYNTHIA
 2706 ALT. 19 N, SUITE #250
 PALM HARBOR, FL 34683

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 reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
 NAME JANUCHOWSKI, CYNTHIA
 STREET ADDRESS 2708 ALT 19 N #507-6
 CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE Change: Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR Delete
 NAME PHILIPPE, BEAU
 STREET ADDRESS 2708 ALT 19 N #507-6
 CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE Change: Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change: Addition
 NAME
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 CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

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

01/13/06 (727) 4093465

Date

Daytime Phone #