2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2006
Secretary of State

DOCUMENT# L04000081421

Entity Name: FIELDS DISCOUNT ROOFING & CONSTRUCTION LLC

Current Principal Place of Business:

4654 GULF BREEZE PKWY
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

4654 GULF BREEZE PKWY
GULF BRTEEZE, FL 32563

New Mailing Address:

4654 GULF BREEZE PKWY
GULF BREEZE PKWY, FL 32563

FEI Number: 73-1726957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FIELDS, TASSY
4654 GULF BREEZE PKWY
GULF BREEZE, FL 32563 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: MGR ( ) Delete
Name: FIELDS, TASSY
Address: 3336 LAUAREL DR.
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM ( ) Delete
Name: FIELDS, ROBER B
Address: 3336 LAUREL DR.
City-St-Zip: GULF BREEZE, FL 32563

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: HALPHEN, KRISTI
Address: 3336 LAUREL DR.
City-St-Zip: GULF BREEZE, FL 32563

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: TASSY FIELDS MGR 02/07/2006

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