2006 LIMITED LIABILITY COMPANY

· FILED Jan 10, 2006 08:00 AN Secretary of State

ANNOAL REPORT				
DOCUMENT # M040000 1. Entity Name FARRINGTON PROPERTIES LLC				
Principal Place of Business	Mailing Address	3 . 1 . 1		
C/O THREE LAKES MANAGEMENT CORP 3951 DANBURY RDJAMES P LUNDY II BREWSTER, NY 10509	C/O THREE LAKES MANAGEMI 3951 DANBURY RDJAMES P BREWSTER, NY 10509			



01042006 No Chg-LLC DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 43-2047787 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE	
	e named entity submits this statement for the purpose of chang tions of registered agent.	ging its registere	d office or registered a	agent, or both, in the State of Florida. I am familiar with, and accept
F	Signature, typed or printed name of registered agent and title if applicable. Illing Fee is \$50.00 up by May 1, 2006	(NOTE, Registered	Agent signature required when	n reinstating) DATE
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM THE ISABELLE T FARRINGTON LIVING TRUST 3951 DANBURY RD BREWSTER, NY 10509			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				190000381291 01/11/06-80048-005 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>.</u> . <u>.</u>	• • • • •
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4			
11. I hereby	certify that the information supplied with this filling does not c	quality for the ex	emptions contained in	Chapter 119, Florida Statutes. I further certify that the information

I nereoy ceruly that the information supplied with this filling 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.

I Sabelle T. Farrington, Trustee of The Isabelle T. Farrington Living Trust

[GNATURE: 4/105/06 (845)279-705]

MBER, OR AUTHORIZED REPRESENTATIVE

05/06 Date

Daytime Phone #