2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000000682

1. Entity Name
FARRINGTON PROPERTIES LLC

Principal Place of Business	Mailing Address
C/O THREE LAKES MANAGEMENT CORP 3951 DANBURY RD.-JAMES P LUNDY II BREWSTER, NY 10509	C/O THREE LAKES MANAGEMENT CORP 3951 DANBURY RD.-JAMES P LUNDY II BREWSTER, NY 10509

01032007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2047787
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000584774
01/12/07-80050-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THE ISABELLE T FARRINGTON LIVING TRUST
STREET ADDRESS	3951 DANBURY RD
CITY-ST-ZIP	BREWSTER, NY 10509
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

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

SIGNATURE: Isabelle T. Farrington Trustee 1/3/07 (845) 279-7051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #