2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2007
Secretary of State

DOCUMENT# L03000003098

Entity Name: BURCHFIELD FINANCIAL SERVICES, LLC

Current Principal Place of Business:

4827 CAINS WREN TRAIL
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

4827 CAINS WREN TRAIL
SANFORD, FL 32771

New Mailing Address:

FEI Number: 65-1178753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REID, THOMAS B SR
721 VERONA ST
SUITE 1-B
KISSIMMEE, FL 34741 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: REID, THOMAS B SR
Address: 3555 SUNSET ISLES BLVD
City-St-Zip: KISSIMMEE, FL 34747

Title: MGR ( ) Delete
Name: DEIBLER, MICHOLE A
Address: 3555 SUNSET ISLES BLVD
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: REID, THOMAS B SR
Address: 4827 CAINS WREN TRAIL
City-St-Zip: SANFORD, FL 32771

Title: MGR (X) Change ( ) Addition
Name: DEIBLER, MICHOLE A
Address: 4827 CAINS WREN TRAIL
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS B REID MGRM 08/16/2007

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