

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010770

Entity Name: 107 S. FIELDING, L.L.C.

FILED
Apr 26, 2008
Secretary of State

Current Principal Place of Business:

2806 BAYPOINTE CIRCLE
TAMPA, FL 33611

New Principal Place of Business:

401 NORTH HOWARD AVENUE
TAMPA, FL 33606

Current Mailing Address:

401 NORTH HOWARD AVENUE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-4168480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOEHLER, KEITH W
401 NORTH HOWARD AVENUE
TAMPA, FL 33606 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: LUM, JOHN H
Address: 403 NORTH HOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

Title: MGR (X) Delete
Name: GULUZIAN, ARAM
Address: 403 NORTH HOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: STILLIE, JONATHAN M
Address: 2806 BAYPOINTE CIRCLE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KOEHLER, KEITH W
Address: 401 NORTH HOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

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

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

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: KEITH W KOEHLER

MGR

04/26/2008

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