2007 LIMITED LIABILITY COMPANY, ANNUAL REPORT

DOCUMENT # L00000011384

1. Entity Name

FIELD PROPERTIES, LLC



FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

CLEARWATER, FL 33762

4501 126TH AVENUE NORTH

Mailing Address

4501 126TH AVE. N. CLEARWATER, FL 33762



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04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3669706

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WATTS, STEPHEN G P.A. 809 DRUID RD. CLEARWATER, FL 33756

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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.

Signature, typad or printed name of registered agent and title if applicable

(NCTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGR O'BRIEN, CHRISTOPHER M 4501 126TH AVE. N. CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROOKFIELD, IRENE 4501 126TH AVE. N. CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
THTLE NAME STREET ADDRESS CITY+ST-ZIP	

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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

SIGNATURE

RE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIV

M. OBRIEN 94/12/0

727-573-5045

Daytime Phone