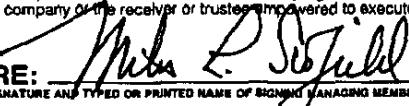


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

03-18-2004 90182 005 ****50.00

DOCUMENT # L02000011058					
1. Entity Name SCOFIELD, LLC					
Principal Place of Business 38 BANYAN RD. NAPLES, FL 34108			Mailing Address 38 BANYAN RD. NAPLES, FL 34108		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-2365816 Applied For ☐ Not Applicable ☐	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCOFIELD, MILES L 38 BANYAN RD. NAPLES, FL 34108			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCOFIELD, MILE L 38 BANYAN RD NAPLES, FL 34108 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER MILES L. SCOFIELD 38 BANYAN ROAD NAPLES, FL 34108 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Half Circle L Ranch Pkshp. 2424 Thorp Road Immokalee, FL 34142 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER DANE T. SCOFIELD 6623 NEW HAVEN CIRCLE NAPLES, FL 34109 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Todd Turrell Naples, FL 34108 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER MICHAEL K. SCOFIELD 3161 WHITE BLVD. NAPLES, FL 34117 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 			Date 3/12/04 Daytime Phone #		

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