

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035334

FILED
Feb 23, 2005
Secretary of State

Entity Name: FIELDS OF MCALPIN, LLC

Current Principal Place of Business:

219 COURT STREET
LIVE OAK, FL 32064 US

New Principal Place of Business:

Current Mailing Address:

219 COURT STREET
LIVE OAK, FL 32064 US

New Mailing Address:

FEI Number: 20-0238590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, CHARLES R
219 COURT STREET
LIVE OAK, FL 32064 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/MEMBERS:

Title: MGRM () Delete
Name: THOMAS, CHARLES R
Address: 219 COURT STREET
City-St-Zip: LIVE OAK, FL 32064 US

Title: MGRM () Delete
Name: KELLY, KENNETH
Address: 2905 MIDSUMMER DR.
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: PARRISH, WINSTON
Address: 14929 SW CO. RD. 231
City-St-Zip: BROOKER, FL 32622

ADDITIONS/CHANGES:

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

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 for the exemption stated in Section 119.07(3)(i), 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: CHARLES R. THOMAS

MGRM

02/23/2005

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