2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L03000035334

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/MANAGERS:

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:	12536 BUTLER BAY COURT	
City-St-Zip:	WINDERMERE, FL 32786	
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 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: CHARLES R THOMAS MGRM 04/27/2009

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