

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000050346

1. Entity Name

TOM FIELDS REMODELING, LLC



Principal Place of Business

14019 BEACH BLVD., LOT 999
JACKSONVILLE, FL 32250

Mailing Address

14019 BEACH BLVD., LOT 999
JACKSONVILLE, FL 32250



08082005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2994532

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELDS, TOM
14019 BEACH BLVD., LOT 999
JACKSONVILLE, FL

**DO NOT WRITE
IN THIS SPACE**

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 typed or printed name of registered agent and title if applicable

Tom Fields

(NOTE: Registered Agent signature required when resigning)

8/10/05
DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FIELDS, TOM
14019 BEACH BLVD., LOT 999
JACKSONVILLE, FL 32250

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000000376271
08/12/05-80002-013 \$5.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Tom Fields Remodeling LLC

8/10/05