

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90090 004 \*\*\*\*50.00

**DOCUMENT # L03000054062**

1. Entity Name  
**DAVID C FIELDS L.L.C.**



Principal Place of Business  
**331 BLAKE AVE  
ORANGE PARK, FL 32073**

Mailing Address  
**331 BLAKE AVE  
ORANGE PARK, FL 32073**



07192006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0632255**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FIELDS, DAVID C  
331 BLAKE AVE  
ORANGE PARK, FL 32073**

**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: David C Fields

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

(NOTE: Registered Agent signature required when reinstating)

7-31-06

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE: **MGRM**  
NAME: **FIELDS, DAVID C** President  
STREET ADDRESS: **331 BLAKE AVE**  
CITY-ST-ZIP: **ORANGE PARK, FL 32073**

TITLE: **Jean R. Fields** Secretary  
NAME: **Jean R. Fields**  
STREET ADDRESS: **331 Blake Ave**  
CITY-ST-ZIP: **Orange Park, FL 32073**

TITLE: **Floyd C. Fields** Treasurer  
NAME: **Floyd C. Fields**  
STREET ADDRESS: **331 Blake Ave**  
CITY-ST-ZIP: **Orange Park, FL 32073**

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

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: David C Fields

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

7-31-06

Date

904 264 6773

Daytime Phone #