


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90119 002 ****50.00

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| DOCUMENT # L04000044158 |  |
| 1. Entity Name FIELDS STUCCO & PLASTERING, LLC | |

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|---|---|
| Principal Place of Business 7 S.W. VISTA DRIVE LAKE PLACID FL 32852 | Mailing Address 7 S.W. VISTA DRIVE LAKE PLACID FL 32852 |
|---|---|



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|---|---|
| 2. Principal Place of Business HIGHLANDS County Suite, Apt. #, etc. Same | 3. Mailing Address 7 S.W. VISTA Dr Suite, Apt. #, etc. |
| City & State Same | City & State LAKE PLACID FL |
| Zip Same | Country Highlands |

1st MOORE CR2E083 (10/04)

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|--|--|
| 4. FEI Number 20-1168-075 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FIELDS, CHRISTOPHER 7 S.W. VISTA DRIVE LAKE PLACID FL 32852 | |
| 7. Name and Address of New Registered Agent 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 *Christopher J. Fields* DATE 5-10-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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|--|
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FIELDS, CHRISTOPHER 7 S.W. VISTA DRIVE LAKE PLACID FL 32852 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Christopher J. Fields* Date _____ Daytime Phone # _____

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