

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049683

FILED
Mar 03, 2009
Secretary of State

Entity Name: T. S. FIELDS PROPERTIES, LLC

Current Principal Place of Business:

21701 S.W. 187TH AVENUE
MIAMI, FL 33170

New Principal Place of Business:

21701 S.W. 187TH AVENUE
MIAMI, FL 33170

Current Mailing Address:

21701 S.W. 187TH AVENUE
MIAMI, FL 33170

New Mailing Address:

FEI Number: 20-1413124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOOSE, S. SCOTT ESQ.
44 NE 16 ST
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

CHOOSE, S. SCOTT ESQ.
44 NE 16 ST
HOMESTEAD, FL 33030 US

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:

03/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FIELDS, THOMAS
Address: 21701 S.W. 187TH AVENUE
City-St-Zip: MIAMI, FL 33170

Title: MGRM () Delete
Name: FIELDS, SHARON
Address: 21701 S.W. 187TH AVENUE
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FIELDS, THOMAS S
Address: 21701 S.W. 187TH AVENUE
City-St-Zip: MIAMI, FL 33170

Title: MGRM (X) Change () Addition
Name: FIELDS, SHARON A
Address: 21701 S.W. 187TH AVENUE
City-St-Zip: MIAMI, FL 33170

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: SHARON A. FIELDS

MGRM

03/03/2009

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