

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018205

Entity Name: FIELDS PARTNERS LLC

FILED  
Apr 20, 2007  
Secretary of State

**Current Principal Place of Business:**

1290 GRAND ISLE COURT  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

1290 GRAND ISLE COURT  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 20-2284918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONROE, MEGHAN R  
1290 GRAND ISLE COURT  
NAPLES, FL 34108 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: MGR ( ) Delete  
Name: MONROE, MEGHAN R  
Address: 1290 GRAND ISLE COURT  
City-St-Zip: NAPLES, FL 34108

Title: MGRM ( ) Delete  
Name: EQUITY TRUST CO CUS, TODIAN F/B/O C H RISTINA  
Address: 225 BURNS ROAD  
City-St-Zip: ELYRIA, OH 44036

Title: MGRM ( ) Delete  
Name: EQUITY TRUST CO CUST, ODIAN F/B/O TE D FORD G  
Address: 225 BURNS ROAD  
City-St-Zip: ELYRIA, OH 44036

Title: MGRM ( ) Delete  
Name: EQUITY TRUST CO CUST, ODIAN F/B/O NA N CY SCHM  
Address: 225 BURNS ROAD  
City-St-Zip: ELYRIA, OH 44036

Title: MGRM ( ) Delete  
Name: EQUITY TRUST CO CUST, ODIAN F/B/O KE N NETH J  
Address: 225 BURNS ROAD  
City-St-Zip: ELYRIA, OH 44036

**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:

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 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: MEGHAN R MONROE

MGR

04/20/2007

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