2006 LIMITED LIABILITY COMPANY

FILED Apr 27, 2006 8:00 am Secretary of State

		ANNUA	AL REPORT			,	secreu	ary	01 219	ate
DOCUMENT # L05000037161							04-27-2006	5 9001 5	006 ****50	0.00
Entity Name VILLAGE FIELDS, LLC										
VILLAGE	FIELDS,	LLC								
Principal Place	o of Business		Mailing Address				2003	6535		
Principal Place of Business 5 VISTA LANE			-	5 VISTA LANE						
BROOKVILLE, NY 11545			BROOKVILLE, NY 11545							
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04232006	Chg-LLC	_	E083 (11/05)		
City & State		City & State	City & State		4. FEI Number 20 - 2979902 Applied For Not Applied be					
Zip 		Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Required	
<u> </u>	6. Name	and Address of Curr	rent Registered Agent	Name		7. Name and	Address of New	Registere	d Agent	
TOBIN & R	REYES, P.	A.		Name						
7251 WES	T PALME	TTO PARK ROAI	D, SUITE 205	Street Ad	idress (P.	O. Box Numb	er is Not Accepta	ble)		
BOCA RAT	TON, FL 3	33433		<u> </u>						
				City				F	L Zip Code	0
	named entity		ent for the purpose of changing its	registered office or	registered	d agent, or bo	th, in the State of	Florida. I a	m familiar with,	and accept
_										
SIGNATURE -	Signature, typed	or printed name of registered	agent and title if applicable. (NOT	E: Registered Agent signatur	re required w	hen reinstating)		DATE		
			agent and title if applicable. (NOT	E: Registered Agent signatur	re required w	then reinstating)				
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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:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE