2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103083

Entity Name: SINKFIELD'S, LLC

FILED Apr 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2729 FALLING ACORN CIRCLE 105 DORCHESTER SQUARE LAKE MARY, FL 32746 LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

PMB 204 UNIT 104 4044 W LAKE MARY BLVD. LAKE MARY, FL 32746

FEI Number: 26-0128547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SINKFIELD, JACQUELINE
2729 FALLING ACORN CIRCLE
LAKE MARY, FL 32746 US
SINKFIELD, JACQUELINE
105 DORCHESTER SQUARE
LAKE MARY, FL 32746 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: 04/23/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title:MGRM () DeleteTitle:MGRM (X) Change () AdditionName:SINKFIELD, JACQUELINEName:SINKFIELD, JACQUELINEAddress:2729 FALLING ACORN CIRCLEAddress:105 DORCHESTER SQUARECity-St-Zip:LAKE MARY, FL 32746City-St-Zip:LAKE MARY, FL 32746

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MOTEN, KENNETH
 Name:

 Address:
 PO BOX 1490
 Address:

 City-St-Zip:
 WINDERMERE, FL 34786
 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: JACQUELINE SINKFIELD PRES 04/23/2006