2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED May 02, 2007 8:00 am Secretary of State

Note Process Section	DOCUMENT # L06000004635 1. Entity Name WRIGHTFIELDS, LLC							59	05-02-2007	90349 0	48 ****5(0.00
2. Principal Place of Businoss - No P.O. Box # 3. Mailing Address	Principal Plac	e of Rusiness										
2. Principal Place of Eusinoss - No P.O. Box # 3. Maining Address	52 CHARLOTTE STREET			52 CHARLOTTE STREET			:		- * ·			
Suite, Apt. e. etc.	ST. AUGUSTINE, FL 32084			ST. AUGUSTINE, FL 32084								
Suite, Apt. e. etc.												
City & State Country Country Country Country S. Certificate of Status Desired For Registered Agent 7. Name and Address of New Registered Agent Strong Address (P.O. Box Number is Not Acceptable) Strong Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named cirtify submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Rovida. I am lamilar with, and accept her displayed agent. Signal Title The obligations of registered agent. Signal Title MANAGING MEMBERS/MANAGERS Int. MANAGING MEMBERS/MANAGERS I	2. Principal Place of Business - No P.O. Box #			3. Mailing Address				1 1001 1211	 	II BBIH BBIH LI		01 1 69
Zip	Suite, Apt. #, etc.			Suite, Apt. #, etc.				04192007	Chg-LLC	CR2EC	083 (12/06)	
County	City & State			City & State							_ 	
SHEPPARD, SEAN PESQ SHEPPARD A SHEPPARD, P.A. 1309 FLANTAITON ISLAND DR, STE. 204 ST. AUGUSTINE, FL. 32080 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ronda. Lam familiar with, and accept the obligations of registered agent. 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 Ronda. Lam familiar with, and accept the obligations of registered agent. 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 10. ADDITIO	Zip	Country		Zip	Count	try	_				\$5.00 Add	itional
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ST. AUGUSTINE, FL 32080 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Filling Fee is \$50.00 Due by May 1, 2007 SIGNATURE 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES NMARE CHECK payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES NMARE CHECK payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES NMARE CHECK payable to Florida Department of State 9. ADDITIONS/CHANGES 10. Change Addition MAKE 10. STREET ADDRESS 10. Change Addition 10. ADDITIONS/CHANGES 10. Change Addition 10. ADDITIONS/CHANGES 10. Change Addition 10. Change Addition 10. MAKE 10. Change Addition 10.												
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