2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# L06000068848

Entity Name: FIELD REVIEW LLC

Current Principal Place of Business:

P. O. BOX 236397
COCOA, FL 32923

New Principal Place of Business:

5530 DESTERLE RD
ST CLOUD, FL 34771

Current Mailing Address:

P. O. BOX 236397
COCOA, FL 32923

New Mailing Address:

5530 DESTERLE RD
ST CLOUD, FL 34771

FEI Number: 20-5188422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, LUCIANA
4295 SEVILLE AVE
COCOA, FL 32926 US

Name and Address of New Registered Agent:

WILLIAMS, LUCIANA
5530 DESTERLE RD
ST CLOUD, FL 34771 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: LUCIANA WILLIAMS 04/19/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WILLIAMS, LUCIANA
Address: 4295 SEVILLE AVE
City-St-Zip: COCOA, FL 32926

Title: MGR ( ) Delete
Name: WILLIAMS, DAVID S
Address: 4295 SEVILLE AVE
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WILLIAMS, LUCIANA
Address: 5530 DESTERLE RD
City-St-Zip: ST CLOUD, FL 34771

Title: MGR (X) Change ( ) Addition
Name: WILLIAMS, DAVID S
Address: 5530 DESTERLE RD
City-St-Zip: ST CLOUD, FL 34771

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: LUCIANA WILLIAMS MGR 04/19/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date