07/21/2006 21:45 3057540414 VICKIWAJSH

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State
08-03-2006 90072 011 ****50.00

DOCUMENT # M02000000213

1. Entity Name
PETERSFIELD GROUP, LLC

Principal Place of Business	Mailing Address
~~2526 NW 59 STREET~~	~~2526 NW 59 STREET~~
BOCA RATON, FL 33496	~~BOCA RATON, FL 33496~~

07282006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
101 OLD MEADOW WAY	101 OLD MEADOW WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS	City & State: PALM BEACH GARDENS
Zip: 33418 Country	Zip: 33418 Country

4. FEI Number: 98-0360251 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, LEN
~~2526 NW 59 STREET~~
~~BOCA RATON, FL 33496~~

7. Name and Address of New Registered Agent

Name: LEN BENNETT
Street Address (P.O. Box Number Is Not Acceptable): 101 OLD MEADOW WAY
City: PALM BEACH GARDENS FL Zip Code: 33418

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	BENNETT, LEN		NAME		
STREET ADDRESS	5742 NW 24 TERRACE		STREET ADDRESS	101 OLD MEADOW WAY	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	MGR	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	BENNETT, BARBARA C		NAME		
STREET ADDRESS	5742 NW 24 TERRACE		STREET ADDRESS	101 OLD MEADOW WAY	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33418	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: BARBARA C BENNETT MGR 7/28/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #