2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# M04000004190

Entity Name: NEWFIELDS COMPANIES, LLC

Current Principal Place of Business:

1349 WEST PEACHTREE STREET, SUITE 2000
ATLANTA, GA 30309

New Principal Place of Business:

Current Mailing Address:

1349 WEST PEACHTREE STREET, SUITE 2000
ATLANTA, GA 30309

New Mailing Address:

FEI Number: 58-2585034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUTTELL, MARYELLEN
30 RIVERTRAIL DRIVE
INGLIS, FL 34449 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	HALL, WILLIAM L	
Address:	1349 W. PEACHTREE ST. SUITE 2000	
City-St-Zip:	ATLANTA, GA 30309	
Title:	MGR	( ) Delete
Name:	ROUHANI, SHAHROKH	
Address:	1349 W. PEACHTREE ST. SUITE 2000	
City-St-Zip:	ATLANTA, GA 30309	
Title:	MGR	( ) Delete
Name:	KRIEGER, GARY	
Address:	730 17TH ST. SUITE 925	
City-St-Zip:	DENVER, CO 80202	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GINGER L. HICKS OFF 02/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date