


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90021 031 ****50.00

DOCUMENT # M05000005691					
1. Entity Name LD SPRAYFIELD LLC					
Principal Place of Business ATTN: L. RICHARD TOMLIN 355 SOUTH 9TH STREET WINTER GARDEN, FL 34787			Mailing Address ATTN: L. RICHARD TOMLIN 355 SOUTH 9TH STREET WINTER GARDEN, FL 34787		
2. Principal Place of Business		3. Mailing Address Attn: Corp. Tax Dept.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		P.O. Box 810		City & State Wilton, CT	
Zip	Country	Zip 06897-0810	Country USA	4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMLIN, L. RICHARD 355 SOUTH 9TH STREET WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREEMAN, RANDAL G 20 WESTPORT ROAD WILTON, CT 068970810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, RICHARD D 20 WESTPORT ROAD WILTON, CT 068970810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LISTNER, ELIZABETH J 20 WESTPORT ROAD WILTON, CT 068970810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Elizabeth J. Listner</i>			4/13/06 (203) 761-8242		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

Elizabeth J. Listner, Secretary