

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-08-2007 90111 038 ****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: CORP TAX DEPT POB 810 WILTON, CT 06897-0810		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04272007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 13-5204055	
5. Certificate of Status Desired ☐				\$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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$50.00 Due by May 1, 2007		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 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREEMAN, RANDAL G 20 WESTPORT ROAD WILTON, CT 068970810 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, RICHARD D 20 WESTPORT ROAD WILTON, CT 068970810 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LISTNER, ELIZABETH J 20 WESTPORT ROAD WILTON, CT 068970810 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 provide this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:		Jeffrey Zanchelli, VP 4/27/07 (203) 761-8242			
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					