2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000005691

1. Entity Name
LD SPRAYFIELD LLC

Principal Place of Business	Mailing Address
ATTN: L. RICHARD TOMLIN	ATTN: CORP TAX DEPT
355 SOUTH 9TH STREET	POB 810
WINTER GARDEN, FL 34787	WILTON, CT 06897-0810

50006752

04242008 No Chg-LLC   CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
13-5204055 26-0476363		Not Applicable

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

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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
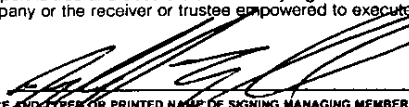
FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   *MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	TOMLIN, L. RICHARD
STREET ADDRESS	355 SOUTH 9TH STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787

TITLE	V
NAME	FREEMAN, RANDAL G
STREET ADDRESS	20 WESTPORT ROAD
CITY-ST-ZIP	WILTON, CT 068970810

TITLE	T
NAME	GRAY, RICHARD D
STREET ADDRESS	20 WESTPORT ROAD
CITY-ST-ZIP	WILTON, CT 068970810

TITLE	S
NAME	LISTNER, ELIZABETH J
STREET ADDRESS	20 WESTPORT ROAD
CITY-ST-ZIP	WILTON, CT 068970810

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   Jeffrey Zanchelli   4/29/08   (203) 761-4654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #