
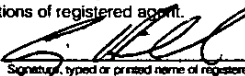
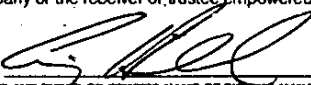


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90293 003 \*\*\*\*50.00

<b>DOCUMENT # L04000017468</b>			
1. Entity Name <b>LARIAT FENCING, LLC</b>			
Principal Place of Business <b>893 S W ALFRED MARKHAM STREET LAKE CITY, FL 32025 US</b>		Mailing Address <b>893 S W ALFRED MARKHAM STREET LAKE CITY, FL 32025 US</b>	
2. Principal Place of Business <b>139 SW Totem Glen</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>139 SW Totem Glen</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>Fort White FL</b>		City & State <b>Fort White FL</b>	
Zip <b>32038</b>	Country <b>US</b>	Zip <b>32038</b>	Country <b>US</b>
4. FEI Number <b>20-0814794</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent <b>HEIMBUCH, CRAIG L 893 S W ALFRED MARKHAM STREET LAKE CITY, FL 32025</b>		7. Name and Address of New Registered Agent <b>New Addr 139 SW Totem Glen Fort White FL 32038</b>	
Name <b>HEIMBUCH, CRAIG L</b>		Street Address (P.O. Box Number is Not Acceptable)	
City <b>Fort White FL</b>		Zip Code <b>32038</b>	
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 		DATE <b>3-7-05</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <b>MGR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEIMBUCH, CRAIG L</b>		NAME <b>Heimbuch, Craig L</b>	
STREET ADDRESS <b>893 S W ALFRED MARKHAM STREET</b>		STREET ADDRESS <b>139 SW Totem Glen</b>	
CITY-ST-ZIP <b>LAKE CITY, FL 32025</b>		CITY-ST-ZIP <b>Fort White FL 32038</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: 		DATE <b>3-7-05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	