


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**COPY**

**DOCUMENT # L04000026708**  
 1. Entity Name  
**FIVE FLAGS FENCING, LLC**



Principal Place of Business      Mailing Address  
**110 W. GADSDEN ST.**      **110 W. GADSDEN ST.**  
**PENSACOLA, FL 32501**      **PENSACOLA, FL 32501**

**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-2177716</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BOOKER, TROY**  
**110 W. GADSDEN ST.**  
**PENSACOLA, FL 32501**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RONTRO PROPERTIES, LLC 110 WEST GADSDEN STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, RICHARD JR 200 EAST BURGESS ROAD APT. 1A PENSACOLA, FL 32503
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/15/06-80037-002 50.00

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: *[Signature]*      1/30/06 (850) 698-6888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #