2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 30, 2008 8:00 am Secretary of State 01-30-2008 90092 045 ***138.75

DOCUMENT #L02000013522 1. Entity Name L.G. GROUP AND FENCES, L.L.C.						^	01-30-2008	_	45 ***138	3.75
Principal Place of Business 7375 BIG CYPRESS COURT MIAMI LAKES, FL 33014		Mailing Address 7375 BIG CYPRESS COURT MIAMI LAKES, FL 33014				60004780				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01102008	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State			4. FEI Numbe			_ 	oplied For ot Applicable	
Zip	Country	Zip	Coun	ltry			of Status Desired		\$5.00 Add Fee Required	titional
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New F	Registered	\gent	
GARCIA, LUIS 7375 BIG CYPRESS COURT MIAMI LAKES, FL 33014				Name Street Ac	ddress (F	(P.O. Box Number is Not Acceptable)				
				City				FL	Zip Code	e
8. The above the obligati	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	registere	ed office or	register	ed agent, or bot	h, in the State of Flo	orida. I am i	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registere	d Agent signatu	re required	when reinstating)		DATE		
										
	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.7	5				,		te check p a Departm	ayable to ent of State	
	/ 1, 2008 Fee will be \$538.7		10.					a Departm		9
9.	MANAGING MEMB		TITLE				Florida	a Departm		Addition
After May	MANAGING MEMB MGR GARCIA, LUIS P.O. BOX 4231 ADDAS	ERS/MANAGERS	TITLE NAMI STRE	E ET ADDRESS	73	75 Bi	ADDITIONS.	A Departm	ent of State	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGR GARCIA LUIS	ERS/MANAGERS Delete CLI CLINTING E:	TITLE NAMI STRE CITY	E Et address -St-zip	73 H	75 Bi	Florida	A Departm	ent of State	Addition
9. TITLE NAME STREET ADDRESS CITY-S1-ZP	MANAGING MEMB MGR GARCIA, LUIS P.O. BOX 4231 MIAMI LAKES, FL 33014	ERS/MANAGERS	TITLE NAMI STRE	E ET ADDRESS -ST-ZIP	73 H	75 Bi	ADDITIONS.	A Departm	ent of State	Addition
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The red certify that the information indicated on this report is true and accurate and that my agrature 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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
BIONATURE AND TYPES OF PRINTED NAME OF BIGHING MANAGING MEMBER, MANAGER, OR AUTH

1/27/2008 805)3459451