2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE!

FILED **DOCUMENT # L02000030311** 2006 APR -7 AM 9: 19 PHOENIX CONSTRUCTION & FENCING, L.L.C. Principal Place of Business Mailing Address 4386 SHELFER ROAD 4386 SHELFER ROAD TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305-US 32301 32301 2. Principal Place of Business 3. Mailing Address 538 E. PARK AVE *538 E. PA*RK AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 Chg-LLC CR2E083 (11/05) 102 City & State City & State 4. FEI Number Applied For TALLAHASSEE, F L TALLAHASSEE, FL 22-3883000 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 32301 32301 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNOWLES, HAROLD M Street Address (P.O. Box Number is Not Acceptable) 4386 SHELFER ROAD 538 E. PARK AVE., SUITE TALLAHASSEE, FL 32305-Zip Code **323**0」 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 agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) gent and title if applicable Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change MGRM Addition TITLE TITLE Delete KNOWLES, HAROLD M NAME 538 E. PARK AVE, SUITE 102 STREET ADDRESS 4386 SHELFER ROAD STREET ADDRESS TALLAHASSEE, FL 82305 CITY-ST-ZIP CITY-ST-ZIP 32301 TITLE MGR ☐ Delete TITLE WALLACE, MICHAEL D NAME NAME 538 E. PARK AVE., SUITE 102 STREET ADDRESS 4386 SHELFER ROAD STREET ADDRESS CITY-ST-ZIP 32301 CITY - ST - ZIP TALLAHASSEE, FL 32305 MGR ☐ Delete TITLE Addition BOWERS, THOMAS K NAME STREET ADDRESS 538 E. PARK AVE, SUITE 102 4386 SHELFER ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32305-32301 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME 300070445453 STREET ADDRESS STREET ADDRESS 04/14/06--01024--015 **50.00 CITY-ST-ZIP CITY-S1-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE