


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90120 033 ***150.00

DOCUMENT # L02000032500 1. Entity Name KMG FENCE, LLC					
Principal Place of Business 1104 A QUOTATION CT. ST. CLOUD, FL 34772			Mailing Address 1104 A QUOTATION CT. ST. CLOUD, FL 34772		
2. Principal Place of Business 1102 Quotation Ct <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1102 Quotation Ct <small>Suite, Apt. #, etc.</small>			
City & State St. Cloud, FL 34772 <small>Zip Country</small> 34772 - -		City & State St. Cloud, FL 34772 <small>Zip Country</small> 34772 - -		4. FEI Number 13-4226271 <small>Applied For</small> <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01072005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent SMITH, KAREN M 1080 E. LAKESHORE BLVD. KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent <small>Name</small> KAREN MARIE GRIMSLEY <small>Street Address (P.O. Box Number is Not Acceptable)</small> 1080 E. Lakeshore Blvd. <small>City</small> Kissimmee FL <small>Zip Code</small> 34744		
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 <u><i>Karen Marie Grimsley</i></u> 3/4/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM SMITH, KAREN M 1080 E. LAKESHORE BLVD. KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM KAREN MARIE GRIMSLEY 1080 E. Lakeshore Blvd Kissimmee, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Karen Marie Grimsley</i></u> 3/4/05 407-892-2400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					