

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L03000024135**

1. Entity Name  
**FENCEPOST DEVELOPMENT, LLC**



|                                                                                                                         |                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>12443 SAN ROSE BLVD<br/>         SUITE 603<br/>         JACKSONVILLE, FL 32223 US</b> | Mailing Address<br><b>12443 SAN ROSE BLVD<br/>         SUITE 603<br/>         JACKSONVILLE, FL 32223 US</b> |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|



03212008 No Chg-LLC CR2E083 (11/05)

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|                                                                                                    |                                                                                                           |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 4. FEI Number<br><b>14-1888628</b>                                                                 | Applied For<br><input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |                                                                                                           |

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

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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 reappointing)

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

**D. MANAGING MEMBERS/MANAGERS**

|                                                |                                                                           |
|------------------------------------------------|---------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PORTER, TODD<br>2189 HAWKCREST DR. E.<br>JACKSONVILLE, FL 32259    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BEACH, R. DAVID<br>2157 HAWKCREST DR. E.<br>JACKSONVILLE, FL 32259 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           |

U00000490296  
 04/18/06-80045-025 50.00

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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:** R. David Beach **R. DAVID BEACH, MG PARTNER** 3/30/06 904 258 9230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #