


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000024135 1. Entity Name FENCEPOST DEVELOPMENT, LLC	
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Principal Place of Business 12443 SAN JOSE BLVD SUITE 603 JACKSONVILLE, FL 32223 US	Mailing Address 12443 SAN JOSE BLVD SUITE 603 JACKSONVILLE, FL 32223 US
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-LLC

CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$50.00
Due by May 1, 2007**

000000620955
02/05/07-80057-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTER, TODD 2189 HAWKCREST DR. E. JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEACH, R. DAVID 2157 HAWKCREST DR. E. JACKSONVILLE, FL 32259
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

Date 1/31/07 Daytime Phone # _____