


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90025 002 \*\*\*\*50.00

<b>DOCUMENT # L03000048681</b> 1. Entity Name <b>ADAMS FENCE LLC</b>			
Principal Place of Business <b>2408 HARVEY MILL CREEK ROAD TALLAHASSEE FL 32310 US</b>		Mailing Address <b>2408 HARVEY MILL CREEK ROAD TALLAHASSEE FL 32310 US</b>	
2. Principal Place of Business <b>2408 Harvey Mill Creek</b> Suite, Apt. #, etc.		3. Mailing Address <b>2408 Harvey Mill Creek</b> Suite, Apt. #, etc.	
City & State <b>Tallahassee, Florida</b> Zip <b>32310</b> Country <b>Leon</b>		City & State <b>Tallahassee, Florida</b> Zip <b>32310</b> Country <b>Leon</b>	
4. FEI Number <b>26-4372032</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ADAMS, GREGORY J 2408 HARVEY MILL CREEK ROAD TALLAHASSEE FL 32310</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ADAMS, GREGORY J 2408 HARVEY MILL CREEK ROAD TALLAHASSEE FL 32310</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained in Section 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:** Gregory J. Adams 1/19/06 574-9725  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #