

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

08-04-2004 90062 026 \*\*\*\*50.00

<b>DOCUMENT # L03000056400</b> 1. Entity Name <b>FENCEWORKS BY SIMCOX FENCING, L.L.C.</b>			
Principal Place of Business <b>2735 EAGLE LAKE DRIVE ORLANDO, FL 32837</b>		Mailing Address <b>2735 EAGLE LAKE DRIVE ORLANDO, FL 32837</b>	
2. Principal Place of Business <b>1911 WILLOW WOOD DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>1911 WILLOW WOOD DR</b> Suite, Apt. #, etc.	
City & State <b>KISSIMMEE FL</b>		City & State <b>KISSIMMEE FL</b>	
Zip <b>34746</b>		Zip <b>34746</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>900136224</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HOWARD, RUSSELL F 2735 EAGLE LAKE DRIVE ORLANDO, FL 32837</b>		7. Name and Address of New Registered Agent  <b>1911 WILLOW WOOD DR KISSIMMEE FL 34746</b>	
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>	
DATE		DATE	
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR HOWARD, RUSSELL 2735 EAGLE LAKE DRIVE ORLANDO, FL 32837</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR YOUSTER, FRAZER J 2915 THERESA DRIVE KISSIMMEE, FL 34744</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b>		<b>RUSSELL HOWARD</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>8-2-04</b> Daytime Phone # <b>407 414 2535</b>	