

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000056829**

**1. Entity Name**  
**RANDY E. BROWN FENCE CO., LLC**



**Principal Place of Business**

**581 COOPERS COVE ROAD**  
**ST. AUGUSTINE, FL 32095**

**Mailing Address**

**581 COOPERS COVE ROAD**  
**ST. AUGUSTINE, FL 32095**

**DO NOT WRITE IN THIS SPACE**



04142005 No Chg-LLC

CR2E083 (10/03)

**4. FEI Number**  
**20-0543334**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**BROWN, RANDY E**  
**581 COOPERS COVE ROAD**  
**ST. AUGUSTINE, FL 32095**

**DO NOT WRITE**  
**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 reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>BROWN, RANDY E</b>
<b>STREET ADDRESS</b>	<b>581 COOPERS COVE ROAD</b>
<b>CITY-ST-ZIP</b>	<b>ST. AUGUSTINE, FL 32095</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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05/02/05-80087-019 50.00

**DO NOT WRITE**  
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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:** *Randy E Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4/27/05 (904) 524-5551*