

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006846

FILED
Jan 17, 2006
Secretary of State

Entity Name: ACCESS CONTROLLED GATES AND MAINTENCE LLC

Current Principal Place of Business:

P.O. BOX 293
CRAWFORDVILLE, FL 32316

New Principal Place of Business:

P.O. BOX 293
CRAWFORDVILLE, FL 32326

Current Mailing Address:

P.O. BOX 293
CRAWFORDVILLE, FL 32316

New Mailing Address:

P.O. BOX 293
CRAWFORDVILLE, FL 32326

FEI Number: 75-3143828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENDRICKS, ALAN
176 GREENLEA CIRCLE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HENDRICKS, ALAN
Address: 176 GREENLEA CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM () Delete
Name: PHILLIPS, STACY
Address: 176 GREENLEA CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN HENDRICKS

MGRM

01/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date