2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Aug 15, 2005 8:00 am Secretary of State **DOCUMENT # L04000009513** 08-15-2005 90035 010 ****50.00 MYERS FENCE, LLC Principal Place of Business Mailing Address 13501 O'CONNER ROAD 13501 O'CONNER ROAD KATHLEEN, FL 33849 KATHLEEN, FL 33849 20066741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08012005 Chg-LLC CR2E083 (10/03) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MYERS, BENNIE B 13501 O'CONNER ROAD Street Address (P.O. Box Number is Not Acceptable) KATHLEEN, FL 33849 City Zip Code 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) Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MERM TITLE Addition Delete TITLE. Change NAME NAME Paula C. Myers STREET ADORESS STREET ADDRESS 135010'Conner Road CITY-ST-ZIP CITY-ST-ZIP TITLE Delete KAthleen, FL 33849 TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change M Addition NAME NAME Bennie B. Myers, Jr. STREET ADDRESS STREET ADDRESS 13450 O'Conner Load CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Kathleen FL 33849 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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

FILED