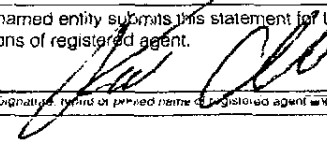


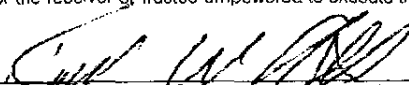
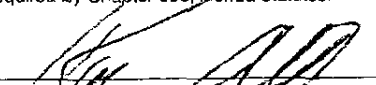
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000014780 1. Entity Name ALTER FAMILY FENCE, LLC					
Principal Place of Business 6276 OLD BETHEL RD. CRESTVIEW FL 32536			Mailing Address 6276 OLD BETHEL RD. CRESTVIEW FL 32536		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2440701	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALTER, RON 6276 OLD BETHEL RD. CRESTVIEW FL 32536				7. Name and Address of New Registered Agent Name ALTER, Ron Street Address (P.O. Box Number is Not Acceptable) 6276 OLD RD City CRESTVIEW FL Zip Code 32539	
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 					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALTER, RON 6276 OLD BETHEL RD. CRESTVIEW FL 32536	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000586111 05/25/06-80005-017 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALTER, DANIAL 6276 OLD BETHEL RD. CRESTVIEW FL 32536	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #