
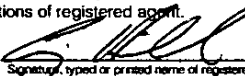
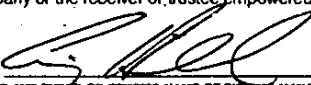


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90293 003 ****50.00

DOCUMENT # L04000017468					
1. Entity Name LARIAT FENCING, LLC					
Principal Place of Business 893 S W ALFRED MARKHAM STREET LAKE CITY, FL 32025 US			Mailing Address 893 S W ALFRED MARKHAM STREET LAKE CITY, FL 32025 US		
2. Principal Place of Business 139 SW Totem Glen <small>Suite, Apt. #, etc.</small>		3. Mailing Address 139 SW Totem Glen <small>Suite, Apt. #, etc.</small>			
City & State Fort White FL Zip 32038 Country US		City & State Fort White FL Zip 32038 Country US		4. FEI Number 20-0814794 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01192005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent HEIMBUCH, CRAIG L 893 S W ALFRED MARKHAM STREET LAKE CITY, FL 32025			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
HEIMBUCH, CRAIG L 893 S W ALFRED MARKHAM STREET LAKE CITY, FL 32025			New Addr 139 SW Totem Glen Fort White FL 32038		
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				DATE 3-7-05	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reissuing)</small>		<small>DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2005		- Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEIMBUCH, CRAIG L 893 S W ALFRED MARKHAM STREET LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Heimbuch, Craig L 139 SW Totem Glen Fort White FL 32038	<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.					
SIGNATURE:				DATE 3-7-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>DATE</small>		<small>Daytime Phone #</small>	