
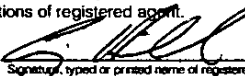
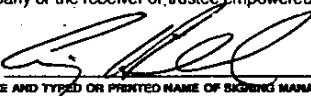


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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