


**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

20003115

<b>DOCUMENT # L04000034567</b>						01-21-2005 90094 036 ****50.00	
1. Entity Name <b>JERRY PONDS FENCE L.L.C.</b>							
Principal Place of Business <b>2006 LEWIS ROAD LEESBURG, FL 34748</b>				Mailing Address <b>2006 LEWIS ROAD LEESBURG, FL 34748</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>02-0123075</b>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>PONDS, JERRY 13332 CR 103 OXFORD, FL 34484</b>				7. Name and Address of New Registered Agent			
Name							
Street Address (P.O. Box Number is Not Acceptable)							
City				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
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 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u>Jerry Ponds</u> _____							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							
Date _____ Daytime Phone # _____							