

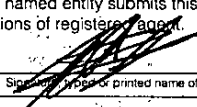
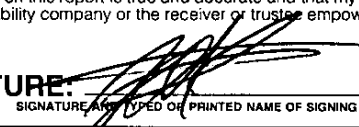


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90076 034 \*\*\*\*50.00

<b>DOCUMENT # L04000078632</b> 1. Entity Name <b>ALL SECURE FENCE, LLC</b>					
Principal Place of Business <b>1316 29TH STREET ORLANDO, FL 32805</b>			Mailing Address <b>520 LAKE KATHRYN CIRCLE CASSELBERRY, FL 32707</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">20034300</div>  <div style="margin-top: 10px;">           04072005    Chg-LLC    CR2E083 (10/03)         </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <div style="font-size: 1.2em;">14-1917198</div>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">4-12-05</div>	
<b>6. Name and Address of Current Registered Agent</b>  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>					
<b>7. Name and Address of New Registered Agent</b> Name <b>MILLS JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <div style="font-size: 1.2em;">1316 29th STREET</div> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32805</b>					
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>4-12-05</b> <small>Signature type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Piling 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	MGR MILLS, WILLIAM E JR. 1316 29TH STREET ORLANDO, FL 32805	<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	MGR MILLS, JOHN 1316 29TH STREET ORLANDO, FL 32805	<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	MGR CHILDERS, CHRISTOPHER 1316 29TH STREET ORLANDO, FL 32805	<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	ST MILLS, JOHN 1316 29TH STREET ORLANDO, FL 32805	<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	<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	<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.					
<b>SIGNATURE:</b>  <b>4-12-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					