2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State
05-16-2006 90182 048 ****50.00

DOCUMENT # L04000078774

1. Entity Name
WADE PELL FENCING LLC

Principal Place of Business	Mailing Address
530 PELL ROAD NEW SMYRNA BEACH, FL 32168 4173 Budd Rd.	530 PELL ROAD NEW SMYRNA BEACH, FL 32168

04102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
~~4929 Cow Creek~~ Rd	PO Box 1058
Suite, Apt. #, etc.	Suite, Apt. #, etc.
New Smyrna Bch	
City & State: ~~Edgewater~~ FL	City & State: New Smyrna Bch
Zip: ~~32141~~ 32168 Country	Zip: 32170 Country

4. FEI Number: 20-1822567 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PELL, SAMUEL W 530 PELL ROAD NEW SMYRNA BEACH, FL 32168	Name Street Address (P.O. Box Number is Not Acceptable) ~~4929 Cow Creek~~ Road 4173 Budd Rd City ~~Edgewater~~ NSB FL Zip Code ~~32141~~ 32168

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PELL, SAMUEL W ~~530 PELL ROAD~~ 4173 Budd Rd NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM COLLALTI, RODNAY E 530 PELL ROAD NEW SMYRNA BEACH, FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Debra S. Pell ~~4929 Cow Creek~~ Road 4173 Budd Rd ~~Edgewater~~ FL ~~32141~~ NSB 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

386 427-2905

SIGNATURE: Samuel W. Pell X Samuel W Pell 4-12-06 912-314-9183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #