


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90205 010 \*\*\*\*50.00

**DOCUMENT # L04000088498**

1. Entity Name  
**CANE PROOF, L.L.C.**



Principal Place of Business <b>15A HARGROVE GRADE          PALM COAST, FL 32137</b>	Mailing Address <b>15A HARGROVE GRADE          PALM COAST, FL 32137</b>
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**DO NOT WRITE IN THIS SPACE**



01052007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-2046088</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HORTON, CHRISTOPHER S P  
 26 WOODWORTH DRIVE  
 PALM COAST, FL 32164**

**DO NOT WRITE IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORTON, CHRISTOPHER S 26 WOODWORTH DRIVE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISKOPF, MATTHEW R 26 WOODWORTH DRIVE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILHAN, TROY D 26 WOODWORTH DRIVE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDUGALL, PETER J 26 WOODWORTH DRIVE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:**  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #