


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90194 019 \*\*\*\*50.00

**DOCUMENT # L05000002289**

1. Entity Name  
**HENDRIX FENCE COMPANY LLC**



Principal Place of Business      Mailing Address  
**4798 SPARROW DR**                      **4798 SPARROW DR**  
**ST. CLOUD, FL 34772**                      **ST. CLOUD, FL 34772**



2. Principal Place of Business <i>1206 S.E. C.R. 405</i>		3. Mailing Address <i>S.F. C.R. 405</i>	
Suite, Apt. #, etc. <i>MAYO FL</i>		Suite, Apt. #, etc. <i>MAYO FL</i>	
City & State <i>32066 US</i>		City & State <i>32066 US</i>	
Zip	Country	Zip	Country

03272006    Chg-LLC    CR2E083 (11/05)

4. FEI Number *76-0775833*      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HENDRIX, BRANDON**  
**4798 SPARROW DR**  
**ST. CLOUD, FL 34772**

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 *[Signature]*      *Brandon Hendrix*      *3-27-06*  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee Is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDRIX, BRANDON 4798 SPARROW DR ST. CLOUD, FL 34772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDRIX, SCHALENE 4798 SPARROW DR ST. CLOUD, FL 34772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hendrix Brandon 1206 S.F. C.R. 405 MAYO FL 32066 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hendrix Schalene 1206 S.F. C.R. 405 MAYO FL 32066 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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]*      *Brandon Hendrix*      *3-27-06*      *321-229-3717*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #