2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State 02-13-2006 90186 002 ****50.00

DOCUMENT # L05000022269 1. Entity Name D & D FENCE COMPANY, LLC						02-13-2006	901860	02 ****5	0.00	
Principal Place of Business Mailing Addres					\neg					
4712 FRONTIER RD PACE, FL 32571		4712 FRONTIER RD PACE, FL 32571								
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2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite Act # ate								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02112006	Chg-LLC	CR2E0	83 (11/05)			
City & State		City & State		4. FEI Number	20-246	9644	/ `	plied For t Applicable		
Zip	Country Zip Co		Coun	itry	5. Certificate of	of Status Desired		\$5.00 Add	litional	
	6. Name and Address of Current R	egistered Agent	_		_ 7. Name and .	Address of New R	Registered A	Fee Require		
				Name				<u> </u>		
TOOTHMAN, DENNIS 4712 FRONTIER RD				Street Address (P.O. Box Number is Not Acceptable)						
PACE, FL 32571								<u>-</u>		
				City				Zip Cod		
The above named entity submits this statement for the purpose of changing its register.				<u> </u>						
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or regis	stered agent, or both	n, in the State of Fk	orida, I am	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent an	d utle d applicable. (NOTE	E: Registere	d Agent signature requ	ured when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
			-							
	iling Fee is \$50.00 ue by May 1, 2006						e check p a Departm	ayable to ent of State		
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS	/CHANGES	. S. COM, 1987		
TITLE NAME	MGR TOOTHMAN, DENNIS		TITL	I				☐ Change	Addition	
STREET ADDRESS 4712 FRONTIER RD			NAME STREET ADDRESS							
CITY-ST-ZIP	ST-ZIP PACE, FL 32571		CITY	'-ST-ZIP						
TITLE			ΠTL	l l				Change	Addition	
NAME STREET ADDRESS	s s			EET ADDRESS						
CITY-ST-ZIP				'-ST-ZIP						
TITLE	☐ Detete		TITL					☐ Change	Addition	
NAME			NAM	l l						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP						
TITLE	- 		มาL	E				☐ Change	Addition	
NAME			NAM	I						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP						
TITLE			TITL	E		. =		☐ Change	Addition	
NAME			. NAM	ı.						
STREET ADDRESS CITY-ST-ZIP			STR	EET AODRESS						
			CITY	i						
		☐ Delete	CiTY	r-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME		☐ Delete	_	(+ST-ZIP E				□ Change	☐ Addition	
TITLE		☐ Delete	TITL NAM STRI	(+ST-ZIP E				☐ Change	☐ Addition	

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 OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-11-06

850) 994-4136