

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90284 001 \*\*\*\*50.00  
04-24-2006 90284 002 \*\*\*\*25.00

<b>DOCUMENT # L05000037013</b> 1. Entity Name <b>ABACO FENCE, LLC</b>	
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Principal Place of Business <b>1668 ARBOR DRIVE MELBOURNE FL 32935</b>	Mailing Address <b>1668 ARBOR DRIVE MELBOURNE FL 32935</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/05)

<b>6. Name and Address of Current Registered Agent</b>  FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY STE. 300 TAMPA FL 33637	<b>7. Name and Address of New Registered Agent</b> Name <i>Sheri DiPrima</i> Street Address (P.O. Box Number is Not Acceptable) <i>1668 Arbor Drive</i> City <i>Melbourne</i> <b>FL</b> Zip Code <i>32935</i>
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4. FEI Number <i>42-1665634</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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 *Sheri DiPrima* *Sheri DiPrima* DATE *4/10/06*

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	CALLAWAY, MICHAEL
STREET ADDRESS	1668 ARBOR DRIVE
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	MGR <input type="checkbox"/> Delete
NAME	DI PRIMA, SHERI
STREET ADDRESS	1668 ARBOR DRIVE
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sheri DiPrima* *Sheri DiPrima* <sup>(mgr)</sup> DATE: *4/10/06* (321) 426-6985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #