2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L05000082955

Entity Name: CARLISLE FENCE ENTERPRISES LLC

Current Principal Place of Business:

869 NW 27TH WAY
BELL, FL 32619 US

New Principal Place of Business:

Current Mailing Address:

869 NW 27TH WAY
BELL, FL 32619 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CARLISLE, HERMAN
869 NW 27TH WAY
BELL, FL 32619 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CARLISLE, DEANA
Address: 869 NW 27TH WAY
City-St-Zip: BELL, FL 32619 US

Title: MGRM ( ) Delete
Name: CARLISLE, HERMAN
Address: 869 NW 27TH WAY
City-St-Zip: BELL, FL 32619 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: CARLISLE, CARL
Address: 869 NW 27TH WAY
City-St-Zip: BELL, FL 32619

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEANA CARLISLE MGM 05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date