


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90050 030 ****50.00

DOCUMENT # L05000114888

1. Entity Name
JUAN BATISTA FENCE, LLC



Principal Place of Business
**725 CREST PINE DR APT 417
 ORLANDO FL 32825**

Mailing Address
**725 CREST PINE DR APT 417
 ORLANDO FL 32825**



2. Principal Place of Business
2260 SAW PALMETTO

3. Mailing Address
2260 SAW PALMETTO Ln

Suite, Apt. #, etc.
115

2nd MOORE CR2E083 (4/06)

City & State
Orlando, FL

City & State
Orlando FL

Zip
32825

Country
USA

Zip
32825

Country
USA

4. FEI Number
0114

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BATISTA, JUAN
725 CREST PINE DR APT 417
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name
Batista Juan

Street Address (P.O. Box Number is Not Acceptable)
2260 SAW PALMETTO Ln

City
Orlando

State
FL

Zip Code
32825

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BATISTA, JUAN 725 CREST PINE DR APT 417 ORLANDO FL 32825	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. JUAN BATISTA 2260 SAW PALMETTO Ln ORLANDO FL 32825	<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
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: J. Batista
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-21-06
 Date Daytime Phone #