## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 19, 2006 8:00 am Secretary of State

	.5	ANNUAL	REPORT			_	Secret	ai y	UI St	aic
DOCUMENT # L05000120250						07-19-2006 90094 012 ****50.00				
1. Entity Name DIAMOND K FENCING LLC				:						
Principal Place	e of Busines:	s	Mailing Address			1				
701 GERHARD AVENUE SOUTHWEST PALM BAY, FL 32809			701 GERHARD AVENUE SOUTHWEST PALM BAY, FL 32809				# CERT FUR CETS FRIU #1	nei deir ken e		TTI (I) (TT)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07032006	Chg-LLC	CR2E	083 (11/05)	
City & State	е		City & State			4. FEI Numb	per 7.449947			plied For t Applicable
Zip		Country	Zip	Count	try	5. Certificate	e of Status Desired		\$5.00 Add Fee Required	
,,	6. Name	and Address of Current R	egistered Agent		Name	7. Name an	d Address of New	Registered	Agent	
SPIEGEL 8 1840 SW 2	22ND ST.	A, P.A.			Name Street Address (P.O. Box Number is Not Acceptable)					
4TH FLOO MIAMI FI									· _ · · · · · · · · · · · · · · · · · ·	
MIAMI, FL 33145					City	FL Zip		Zip Code	9	
	named entititions of regist	y submits this statement for tered agent.	the purpose of changing its	registere	ed office or registe	red agent, or b	oth, in the State of F	lorida. I am	tamiliar with,	and accept
				_						
SIGNATURE	Signature, typed	or printed nertie of registered agent an	d title if applicable. (NOTE	E: Registered	d Agent signature require	d when reinstating)		DATE		
FII	ling Fee l		d title if applicable. (NOTE	E: Registered	/ d Agent signature require	d when minstading)		ke check	payable to nent of State	•
Fil Due t	ling Fee in	s \$50.00	S/MANAGERS	10.		d when reinstating)		ke check ( ia Departn	nent of State	:
9. TITLE NAME STREET ADDRESS	MGR VICKERS 701 GERI	s \$50.00 nber 6, 2008 MANAGING MEMBER 5, DION HARD AVENUE SOUTH	S/MANAGERS	10. Title Nami	E E Et address	d when reinstating)	Florid	ke check ( ia Departn	nent of State	Addition
9	MGR VICKERS 701 GERI PALM BA MGR CONNER	MANAGING MEMBER MANAGING MEMBE	S/MANAGERS  Delete  WEST	10. TITLE NAMI STRE CITY TITLE	E E ET ADDRESS -ST-ZIP E	d when reinstating)	Florid	ke check ( ia Departn	nent of State	:
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR VICKERS 701 GERI PALM BA MGR CONNER 701 GERI	MANAGING MEMBER  TO DION  HARD AVENUE SOUTH  Y, FL 32809	S/MANAGERS  Delete  WEST	10. TITLE NAMI STRE CITY TITLE NAMI STRE	E E ET ADDRESS -ST-ZIP E	d when reinstating)	Florid	ke check ( ia Departn	S Change	Addition
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11. I hereby certify that the information supplied with this filling 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:	all Dign	when		
SIGNATURE AND TYP	ED OR PRINTED KAINE OF BIONING MANAG	NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVI	rit Date	Daytime Phone #