2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# L05000121449

Entity Name: TRI COUNTY FENCING, LLC

Current Principal Place of Business:

1110 TRINIDAD AVENUE
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

1110 TRINIDAD AVENUE
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPMAN, WILLIAM E
1110 TRINIDAD AVENUE
FORT PIERCE, FL 34982 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: VPSC ( ) Delete
Name: FAUROT, MICHAEL G
Address: 8205 WINTERGARDEN PKWY
City-St-Zip: FORT PIERCE, FL 34951

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

ADDITIONS/CHANGES:

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

Title: PRES ( ) Change (X) Addition
Name: CHAPMAN, WILLIAM E
Address: 1110 TRINIDAD AVENUE
City-St-Zip: FORT PIERCE, FL 34982

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: WILLIAM CHAPMAN PRES 02/13/2006

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