


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90097 008 ****50.00

DOCUMENT # L06000001420			
1. Entity Name ALL FENCE CO. LLC			
Principal Place of Business 4164 MT PLEASANT RD MT PLEASANT FL 32352		Mailing Address 4164 MT PLEASANT RD MT PLEASANT FL 32352	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, Jim Parramore 4164 Mt. Pleasant Rd.		Suite, Apt. #, Jim Parramore 4164 Mt. Pleasant Rd.	
City & State Quincy, FL 32352		City & State Quincy, FL 32352	
Zip	Country	Zip	Country
4. FEI Number 59380232		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	



2nd MOORE CR2E083 (4/07)

6. Name and Address of Current Registered Agent PARRAMORE, CORY 4164 MT PLEASANT RD MT PLEASANT FL 32352		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Jim Parramore 4164 Mt. Pleasant Rd. City Quincy, FL 32352 FL Zip Code	
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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 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARRAMORE, CORY 4164 MT PLEASANT RD MT PLEASANT FL 32352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jim Parramore 4164 Mt. Pleasant Rd. Quincy, FL 32352 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARRAMORE, JIM 4164 MT PLEASANT RD MT PLEASANT FL 32352 <input type="checkbox"/> Delete <i>owner</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jim Parramore 4164 Mt. Pleasant Rd. Quincy, FL 32352 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Jim Parramore*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____