

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90355 023 \*\*\*\*50.00

<b>DOCUMENT # L06000005498</b> 1. Entity Name <b>RODNEY ROWE FENCING, LLC</b>					
Principal Place of Business <b>4770 SKYLINE DRIVE PENSACOLA, FL 32503</b>			Mailing Address <b>4770 SKYLINE DRIVE PENSACOLA, FL 32503</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>75-3207557</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROWE, RODNEY J 4770 SKYLINE DRIVE PENSACOLA, FL 32503</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM ROWE, RODNEY J 4770 SKYLINE DRIVE PENSACOLA, FL 32503</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b>			<b>Rodney J. Rowe</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>4/12/2007</b> Daytime Phone # <b>850-478-5106</b>		

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