

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119381

Entity Name: ELITE FENCE LLC

FILED  
Feb 07, 2007  
Secretary of State

**Current Principal Place of Business:**

6311 LAND O LAKES BLVD.  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

6311 LAND O LAKES BLVD.  
LAND O LAKES, FL 34639

**New Mailing Address:**

FEI Number: 59-3510504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADKINS, WILLARD B  
6311 LAND O LAKES BLVD.  
LAND O LAKES, FL 34639 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: MGRM ( ) Delete  
Name: ADKINS, WILLARD B  
Address: 6311 LAND O LAKES BLVD.  
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM ( ) Delete  
Name: LOUIS, CHRIS  
Address: 1723 SUNSET DR  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ADKINS, WILLARD B  
Address: 6311 LAND O LAKES BLVD.  
City-St-Zip: LAND O LAKES, FL 34639 US

Title: MGRM (X) Change ( ) Addition  
Name: LOUIS, CHRIS G  
Address: 1723 SUNSET DR  
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: CHRIS LOUIS

MGRM

02/07/2007

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