


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company CLASSIC INDUSTRIAL FENCE, LLC P.O. BOX 24644 JACKSONVILLE FL 32241	DOCUMENT # L98000001645
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FILED
99 MAR 10 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/28/1998	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
		5-9-3545715	\$875 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent TILLY, FOREST 4508 FIDDLERS DR. FERNANDINA BEACH FL 32034	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent/Additional Agent/Secretary of State/Registered Agent/Secretary of State)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	TILLY, FOREST L	4508 FIDDLERS DRIVE	FERNANDINA BEACH FL
			3000002814153--E -03/22/99--01139--001 ***188.00 ***188.00 3-17-99

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Forest L Tilly Forest L Tilly 3-6-99
SIGNATURE AND TITLE OF THIRD PARTY (SECRETARY, MANAGING MEMBER, OR EMPLOYEE)