

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118839

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: THOMAS BARNES FENCING, LLC

**Current Principal Place of Business:**

3200 ADRIAN ROAD  
PENSACOLA, FL 32504

**New Principal Place of Business:**

5 LINDA STREET  
PENSACOLA, FL 32506

**Current Mailing Address:**

3200 ADRIAN ROAD  
PENSACOLA, FL 32504

**New Mailing Address:**

5 LINDA STREET  
PENSACOLA, FL 32506

FEI Number: 26-6991719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARNES, THOMAS  
3200 ADRIAN ROAD  
PENSACOLA, FL 32504 US

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

BARNES, THOMAS  
5 LINDA STREET  
PENSACOLA, FL 32506 US

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: THOMAS BARNES

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARNES, THOMAS  
Address: 3200 ADRIAN ROAD  
City-St-Zip: PENSACOLA, FL 32504 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BARNES, THOMAS  
Address: 5 LINDA STREET  
City-St-Zip: PENSACOLA, FL 32506 US

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS BARNES

MGRM

04/30/2008

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