


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-09-2003 90045 002 ****50.00

DOCUMENT # L02000034144
1. Entity Name
ACE CONSTRUCTORS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4420 NW 36 AVE.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 357490
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: GAINESVILLE FL

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4. FEI Number: 02-0657399 Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

City & State: GAINESVILLE FL Zip: 32605 Country: USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

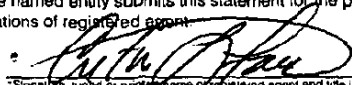
Name: ANTONE L. FORNERIS

Street Address (P.O. Box Number is Not Acceptable):

6331 NW 16 PLACE

City: GAINESVILLE FL Zip Code: 32605

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.

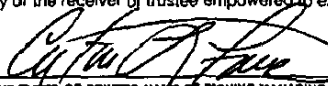
SIGNATURE:  DATE: _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS		
TITLE MEMBER	NAME JOHN R. FULKERSON, PRESIDENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 16603 SW 5 PLACE	CITY-ST-ZIP NEUBERRY, FL 32669	
TITLE MEMBER	NAME ANTONE L. FORNERIS VICE PRESIDENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 6331 NW 16 PLACE	CITY-ST-ZIP GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

CR2E083B (12/02)

11. I 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 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:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE