


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1 **FILED**
Jun 06, 2005 8:00 am
Secretary of State

05-12-2005 90031 020 ****50.00

DOCUMENT # L04000088949			
1. Entity Name ACE PROMOTIONAL PRODUCTS, LLC			
Principal Place of Business C/O MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131		Mailing Address C/O MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131	
2. Principal Place of Business <i>2520 N. Andrews Ave ext</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Pompano Beach FL</i>		City & State	
Zip <i>33064</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent AUERBACH, MARC H ESQ. 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Member / Manager</i>
STREET ADDRESS		STREET ADDRESS	<i>Richard T. Hanley</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>2520 N. Andrews Avenue Ext. Pompano Beach, FL 33064</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Member</i>
STREET ADDRESS		STREET ADDRESS	<i>Paul J. Howell</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>2520 N. Andrews Avenue Ext. Pompano Beach, FL 33064</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Member</i>
STREET ADDRESS		STREET ADDRESS	<i>Bradley Langmo</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>2520 N. Andrews Avenue Ext. Pompano Beach, FL 33064</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Member</i>
STREET ADDRESS		STREET ADDRESS	<i>Robert Reger</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>2520 N. Andrews Avenue Ext. Pompano Beach, FL 33064</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Member</i>
STREET ADDRESS		STREET ADDRESS	<i>Richard P. Shea / Manager</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>2520 N. Andrews Avenue Ext. Pompano Beach, FL 33064</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Member</i>
STREET ADDRESS		STREET ADDRESS	<i>Dean Toretto</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>2520 N. Andrews Avenue Ext. Pompano Beach, FL 33064</i>
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: <i>[Signature]</i>		Date: <i>3/28/05</i> 954-366-029	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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