

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088949

FILED
Jan 09, 2008
Secretary of State

Entity Name: ACE PROMOTIONAL PRODUCTS, LLC

Current Principal Place of Business:

2520 N ANDREWS AS EXT
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

BRADLEY LANGMO
2520 NORTH ANDREWS AVE EXT
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 20-1493437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGMO, BRADLEY K.
2520 NORTH ANDREWS ACE EXT
POMPANO BEACH, FL 33064 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: LANGMO, BRADLEY
Address: 2520 N ANDREWS AVENUE EXT
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGRM () Delete
Name: REGER, ROBERT
Address: 2520 N ANDREWS AVENUE EXT
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGRM () Delete
Name: TORETTO, DEAN
Address: 2520 N ANDREWS AVENUE EXT
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRADLEY LANGMO MGRM 01/09/2008

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