

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004406

FILED
Apr 25, 2007
Secretary of State

Entity Name: STOLLE MACHINERY COMPANY, LLC

Current Principal Place of Business:

6949 SOUTH POTOMAC STREET
CENTENNIAL, CO 80112

New Principal Place of Business:

Current Mailing Address:

6949 SOUTH POTOMAC STREET
CENTENNIAL, CO 80112

New Mailing Address:

FEI Number: 77-0616243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: AIP/SMC HOLDINGS, IN, C.
Address: 551 FIFTH AVENUE, SUITE 3800
City-St-Zip: NEW YORK, NY 10176

Title: MR () Delete
Name: GROETSCH, DAVID W CEO
Address: 6949 S. POTOMAC ST.
City-St-Zip: CENTENNIAL, CO 80112

Title: MR () Delete
Name: RANDALL, KEITH G CFO
Address: 6949 S. POTOMAC ST
City-St-Zip: CENTENNIAL, CO 80112

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LJ CAN HOLDINGS INC,
Address: 115 EAST PUTNAM AVENUE
City-St-Zip: GREENWICH, CT 06830

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: KEITH G RANDALL

MR

04/25/2007

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