

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90084 049 \*\*\*\*50.00

<b>DOCUMENT # L05000008309</b>					
<b>1. Entity Name</b> ACE, LLC					
<b>Principal Place of Business</b> 105 SOUTHPARK BLVD., SUITE A102 ST AUGUSTINE, FL 32086			<b>Mailing Address</b> 1093 A1A BEACH BLVD., SUITE 390 ST AUGUSTINE, FL 32080		
<b>2. Principal Place of Business</b> 1301 Plantation Island Dr. Suite, Apt. #, etc. Suite 301 City & State St. Augustine, FL Zip 32080 Country		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		04192006 Chg-LLC CR2E083 (11/05)	
<b>4. FEI Number</b> 20-2228909				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				<b>6. Name and Address of Current Registered Agent</b> MONZON MORIZON, RAUL A <i>MANAGING MEMBER</i> 105 SOUTHPART BLVD., SUITE A102 ST AUGUSTINE, FL 32086	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1301 Plantation Island Dr, Suite 301 City St. Augustine. FL Zip Code 32080				<b>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.</b> SIGNATURE <i>[Signature]</i> DATE 4/23/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MANAGING MEMBER</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Monzon, Raul A. 1301 Plantation Island Dr, Suite 301 St. Augustine, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MANAGING MEMBER</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Monzon, Clara 1301 Plantation Island Dr., Suite 301 St. Augustine, FL 32080	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
SIGNATURE: <i>[Signature]</i> DATE 4/23/06					