

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022457

Entity Name: CE INDUSTRIES L.L.C.

FILED
Apr 04, 2008
Secretary of State

Current Principal Place of Business:

760 N.W. BRADY CIRCLE
LAKE CITY, FL 32055

New Principal Place of Business:

553 NW RAIL ROAD STREET
LAKE CITY, FL 32056

Current Mailing Address:

PO BOX 1887
LAKE CITY, FL 320551887

New Mailing Address:

PO BOX 1887
LAKE CITY, FL 32056

FEI Number: 75-2984608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORMAN, CRAIG F
760 N.W. BRADY CIRCLE
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

MOORMAN, CRAIG F
553 NW RAIL ROAD STREET
LAKE CITY, FL 32056 US

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:

04/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOORMAN, CRAIG F
Address: 760 N.W. BRADY CIRCLE
City-St-Zip: LAKE CITY, FL 32055

Title: MGR () Delete
Name: MOORMAN, ELAINE
Address: 760 N.W. BRADY CIRCLE
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOORMAN, CRAIG F
Address: 553 NW RAIL ROAD STREET
City-St-Zip: LAKE CITY, FL 32056

Title: MGR (X) Change () Addition
Name: MOORMAN, ELAINE
Address: 553 NW RAIL ROAD STREET
City-St-Zip: LAKE CITY, FL 32056

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: CRAIG F. MOORMAN

MGR

04/04/2008

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