

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT # L02000034144

1. Entity Name

ACE CONSTRUCTORS, LLC



Principal Place of Business

4420 NW 36TH AVENUE  
GAINESVILLE FL 32606

Mailing Address

P.O. BOX 357490  
GAINESVILLE FL 32635



1st MOORE

CR2E083 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0657399

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORNERIS, ANTONE L  
6331 NW 16 PLACE  
GAINESVILLE FL 32605

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME FULKERSON, JOHN R  
STREET ADDRESS 16603 SW 5 PLACE  
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ☐ Change ☐ Add  
NAME ☐ Change ☐ Add  
STREET ADDRESS ☐ Change ☐ Add  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE MGRM ☐ Delete  
NAME FORNERIS, ANTONE L  
STREET ADDRESS 6331 NW 16 PLACE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Change ☐ Add  
NAME ☐ Change ☐ Add  
STREET ADDRESS ☐ Change ☐ Add  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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TITLE ☐ Change ☐ Add  
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STREET ADDRESS ☐ Change ☐ Add  
CITY-ST-ZIP ☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Antone L. Forneris Antone L. Forneris 6 Feb 06 (352) 384-0272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #