


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90048 041 ****55.00

DOCUMENT # L03000010784		
1. Entity Name ACE HYDRAULICS, LLC		

Principal Place of Business PO BOX 0782 PEMBROKE PINES, FL 33026 US	Mailing Address PO BOX 0782 PEMBROKE PINES, FL 33026 US
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40001391



2. Principal Place of Business PO. Box 327792	3. Mailing Address PO. Box 327792
Suite, Apt. #, etc.	Suite, Apt. #, etc.

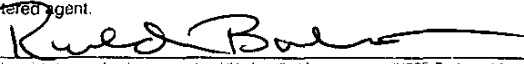
07292006 Chg-LLC CR2E083 (11/05)

City & State Ft. Lauderdale	City & State Ft. Lauderdale
Zip FL	Country 33332

4. FEI Number 81-0611578	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BABICE, RONALD A 3846 W GARDENIA AVE WESTON, FL 33326		7. Name and Address of New Registered Agent Name: BABICE Ronald Street Address (P.O. Box Number is Not Acceptable) 1311 ST. TROPEZ # 1609 City: WESTON FL Zip Code: 33326	
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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: 	DATE: 7-29-06

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BABICE, RONALD 3846 W GARDENIA AVE WESTON, FL 33332 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ronald Babice 1311 ST. TROPEZ # 1609 WESTON, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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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

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.

SIGNATURE: 	MANAGING MEMBER	DATE: 7-29-06	DAYTIME PHONE #
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