


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000026963</b>	
1. Entity Name <b>ACE4BONES, LLC</b>	

Principal Place of Business <b>8801 WENDY LANES WEST PALM BEACH, FL 33411 US</b>	Mailing Address <b>LAW OFFICES OF STUART R. MORRIS, P.A. 7000 W. PALMETTO PK ROAD, SUITE 310 BOCA RATON, FL 33433 US</b>
---	---



02252007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-1618083</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MORRIS, STUART R  
7000 W. PALMETTO PARK ROAD  
SUITE 310  
BOCA RATON, FL 33433**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000655133  
03/13/07-80095-002 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACEVEDO, MARY J 8801 WENDY LANES WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACEVEDO, JORGE 8801 WENDY LN S WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Mary J. Acevedo* **2/27/07** **(561) 795-2880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #