

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L03000026963

1. Entity Name  
ACE4BONES, LLC



Principal Place of Business  
8801 WENDY LANES  
WEST PALM BEACH, FL 33411 US

Mailing Address  
LAW OFFICES OF STUART R. MORRIS, P.A.  
7000 W. PALMETTO PK ROAD, SUITE 310  
BOCA RATON, FL 33433 US



04132008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1618083

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000901494  
04/29/08-80070-010 143.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/13/08

(561) 795-2888