

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000049270

1. Entity Name  
ACE REALTY, LLC



Principal Place of Business  
4064 MANCHESTER LAKE DRIVE  
LAKE WORTH, FL 33467

Mailing Address  
4064 MANCHESTER LAKE DRIVE  
LAKE WORTH, FL 33467

**FILED**  
**Aug 22, 2008 08:00 AM**  
**Secretary of State**



08142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

ECKERT, ALAN R  
4064 MANCHESTER LAKE DRIVE  
LAKE WORTH, FL 33467

**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**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ECKERT, ALAN R  
4064 MANCHESTER LAKE DRIVE  
LAKE WORTH, FL 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DIAMOND, ALAN  
4178 MANCHESTER LAKE DRIVE  
LAKE WORTH, FL 33467

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

U000000358195  
08/22/08-80002-025 138.75

**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

3/19/08 562-968-4204

Date

Daytime Phone #