## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011496

Entity Name: LORE AMALGAM WORKS, LLC

FILED Apr 30, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

9915 C.E. WILSON ROAD 9915 C.E. WILSON ROAD ST. AUGUSTINE, FL 32095

LOT A

ST. AUGUSTINE, FL 32095

**Current Mailing Address: New Mailing Address:** 

9915 C.E. WILSON ROAD 9915 C.E. WILSON ROAD ST. AUGUSTINE, FL 32095 LOT A

ST. AUGUSTINE, FL 32095

FEI Number: 06-1719920 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LORE, DANIEL E LORE, DANIEL E 9915 C.E. WILSON ROAD 9915 C.E. WILSON ROAD ST. AUGUSTINE, FL 32095

US LOT A ST. AUGUSTINE, FL 32095 US

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.

SIGNATURE: DANIEL E. LORE 04/30/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM ( ) Delete Title: (X) Change ( ) Addition

LORE, DANIEL E Name: Name: LORE, DANIEL E Address: 9915 C.E. WILSON ROAD Address: 9915 C.E. WILSON ROAD, LOT A City-St-Zip: ST. AUGUSTINE, FL 32095 City-St-Zip: ST. AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL E. LORE **MGRM** 04/30/2006