


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L04000011496 1. Entity Name LORE AMALGAM WORKS, LLC	
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Principal Place of Business 9915 C.E. WILSON ROAD LOT A ST. AUGUSTINE, FL 32095	Mailing Address 9915 C.E. WILSON ROAD LOT A ST. AUGUSTINE, FL 32095
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 06-1719920	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LORE, DANIEL E 9915 C.E. WILSON ROAD LOT A ST. AUGUSTINE, FL 32095
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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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LORE, DANIEL E 9915 C.E. WILSON ROAD, LOT A ST. AUGUSTINE, FL 32095
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<p>U000000709096 04/24/07-80140-025 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: Daniel E. Lore Daniel E. Lore 4-12-07 904-466-0028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #