


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90319 011 \*\*\*\*50.00

<b>DOCUMENT # L04000042008</b> 1. Entity Name ACE ASPHALT ASSOCIATES, LLC	
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Principal Place of Business 1460 S. OCEAN BLVD MANALAPAN, FL 33462	Mailing Address 27499 RIVERVIEW CENTER BOULEVARD 229 BONITA SPRINGS, FL 34134
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60046716



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address 16981 James Whitehead Rd  Suite, Apt. #, etc.
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04232007 Chg-LLC CR2E083 (12/06)

City & State Ft. Myers Florida	4. FEI Number 20-1227005	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip 33912	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

KAPLAN, ADAM D  
 27499 RIVERVIEW CENTER BOULEVARD  
 229  
 BONITA SPRINGS, FL 34134

**7. Name and Address of New Registered Agent**

Name: Kaplan, Adam D.  
 Street Address (P.O. Box Number is Not Acceptable):  
 16981 James Whitehead Rd  
 City: Ft. Myers FL Zip Code: 33912

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: 4/27/07

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>
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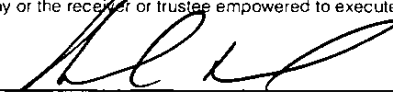
**9. MANAGING MEMBERS / MANAGERS**

TITLE	D	<input type="checkbox"/> Delete
NAME	ROIFF, PAUL	
STREET ADDRESS	1460 S. OCEAN BLVD.	
CITY - ST - ZIP	MANALAPAN, FL 33462	

**10. ADDITIONS / CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:  DATE: 4/27/07 DAYTIME PHONE: 9545513600

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