


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90034 038 *****55.00

DOCUMENT # L04000052671	
1. Entity Name ALL AMERICAN GRINDING EQUIPMENT, LLC	

Principal Place of Business 1186 N. EGLIN PKWY SHALIMAR, FL 32579	Mailing Address 1186 N. EGLIN PKWY SHALIMAR, FL 32579
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2. Principal Place of Business 2401 PGA Blvd.	3. Mailing Address 2401 PGA Blvd.
Suite, Apt. #, etc. 248	Suite, Apt. #, etc. 248

City & State Palm Beach Gardens	City & State Palm Beach Gardens
Zip 33410	Country USA
Zip 33410	Country US

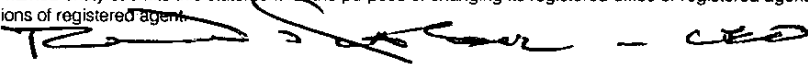
20000411



08012005 Chg-LLC CR2E083 (10/03)

4. FEI Number 201338429	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

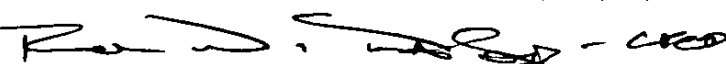
6. Name and Address of Current Registered Agent FRITZ, KENNETH 1186 N. EGLIN PKWY SHALIMAR, FL 32579		7. Name and Address of New Registered Agent Name Ron W. Slasor Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Blvd. Suite 248 City Palm Beach Gardens FL Zip Code 33410	
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8. 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 	DATE 8.3.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRITZ, KENNETH 1186 N. EGLIN PKWY SHALIMAR, FL 32579 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGESS, DONALD 5115 BRISTOL INDUSTRIAL WAY BUFORD, GA 30518 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLASOR, RONALD PO BOX 7496 JUPITER, FL 33468 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 8.3.05	Daytime Phone # (561) 107-3409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		