


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000060944 1. Entity Name DELRAY BEACH TOOL & DIE, LLC	
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Principal Place of Business 5128 VENTURA DRIVE DELRAY BEACH, FL 33484 US	Mailing Address 5128 VENTURA DRIVE DELRAY BEACH, FL 33484 US
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07252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 87-0731974	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSSEY, KEN 5128 VENTURA DRIVE DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAKLEY, BILL 5128 VENTURA DRIVE DELRAY BEACH, FL 33484
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<p>U000000573461 08/04/06-80009-022 50.00</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 609, Florida Statutes.

SIGNATURE: *Ken Bussey* *Ken Bussey* *8/1/06 561-843-1325*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #