2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State
03-10-2006 90133 033 ****55.00

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1. Entity Name

ACE STUMP GRINDERS, LLC

Principal Place of Business	Mailing Address
392 RICHARD ROAD ROCKLEDGE FL 32955	6065 NORTH TROPICAL TRAIL MERRITT ISLAND FL 32953

(321) 427-8133

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
392 Richard Rd.	P.O. Box 542544
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rockledge FL. 32955	City & State: Merritt Island FL.
Zip / Country	Zip: 32954-2544 Country: USA

4. FEI Number: 41-2155906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALASA, BARRY G 6065 NORTH TROPICAL TRAIL MERRITT ISLAND FL 32953	Name Street Addr City FL Zip Code

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: Barry G. Balasa 3/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BALASA, BARRY G 6065 NORTH TROPICAL TRAIL MERRITT ISLAND FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DORN, KARLA G 6065 NORTH TROPICAL TRAIL MERRITT ISLAND FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DORN, JONATHAN S 6065 NORTH TROPICAL TRAIL MERRITT ISLAND FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Barry G. Balasa 2/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #