




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90092 011 ****55.00

DOCUMENT # L04000079830 1. Entity Name ACE STUMP GRINDERS, LLC					
Principal Place of Business 392 RICHARD ROAD ROCKLEDGE FL 32955			Mailing Address POB 542544 MERRITT ISLAND FL 32954-2544		
2. Principal Place of Business - No P.O. Box # 1885 BARRETT DR. Suite, Apt. #, etc.			3. Mailing Address POB 542544 Suite, Apt. #, etc.		
City & State Rockledge FL.		City & State Merritt Island FL.		4. FEI Number 41-2155906	
Zip 32955		Country US		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 BALASA, BARRY G 6065 NORTH TROPICAL TRAIL MERRITT ISLAND FL 32953			7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) 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  (NOTE: Registered Agent signature required when renewing) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May.1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
STREET ADDRESS	BALASA, BARRY G		STREET ADDRESS		
CITY-ST-ZIP	6065 NORTH TROPICAL TRAIL MERRITT ISLAND FL 32953		CITY-ST-ZIP		
TITLE	NAME	Delete <input checked="" type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
STREET ADDRESS	DORN, KARLA G		STREET ADDRESS		
CITY-ST-ZIP	6065 NORTH TROPICAL TRAIL MERRITT ISLAND FL 32953		CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
STREET ADDRESS	DORN, JONATHAN S		STREET ADDRESS		
CITY-ST-ZIP	6065 NORTH TROPICAL TRAIL MERRITT ISLAND FL 32953		CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
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TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  5/9/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					