


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L98000003397	
1. Entity Name VERSATILE TOOL & DIE, L.L.C.	

Principal Place of Business 4021 N.E. 5TH TERRACE OAKLAND PARK, FL 33334	Mailing Address 4021 N.E. 5TH TERRACE OAKLAND PARK, FL 33334
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DO NOT WRITE IN THIS SPACE



04122007No Chg-LLC CR2E083 (11/05)

4. FEI Number 52-2158420	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

**KAU FABRICATORS, INC.
4021 N.E. 5TH TERRACE
OAKLAND PARK, FL 33334**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ULRICH, TOD LINCOLN 4021 N.E. 5TH TERRACE OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ULRICH, KARLENE 4021 N.E. 5TH TERRACE OAKLAND PARK, FL 33334
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04/27/07-80003-001 50.00

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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 608, Florida Statutes.

SIGNATURE: *Karlene Ulrich* **KARLENE ULRICH** **4-16-07 (954) 561-8083**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #