2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M01000002085

1. Entity Name ACE FABRICATION, L.L.C.

Principal Place of Business

3553 INDUSTRIAL PARK DR BLDG A

MARIANNA, FL 32446

Mailing Address

3553 INDUSTRIAL PARK DR

BLDG A

MARIANNA, FL 32446



FILED

Jan 14, 2004 08:00 AM Secretary of State

01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 38-3480037 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

BONDURANT, FRANK E 4450 LAFAYETTE ST MARIANNA, FL 32446

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	3	
The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent.	red office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
OLONA TUBE		

(NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FULFORD, DOUG 3563 INDUSTRIAL PARK DR BLDG A MARIANNA, FL 32446
HITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ASSELS, GARY P.O. BOX 370 EAR FALLS ONTARIO POV 1T0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDS, MARK 3553 INDUSTRIAL PARK DR. MARIANNA, FL 32446
DILE NAME STREET ADDRESS C(1Y-S)-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/15/04-80009-809 50.00

DATE

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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATUR

, Went Anchank

1/8/04

30)-482-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #