


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M01000002085</b> 1. Entity Name ACE FABRICATION, L.L.C.	
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Principal Place of Business  
3553 INDUSTRIAL PARK DR  
BLDG A  
MARIANNA, FL 32446

Mailing Address  
3553 INDUSTRIAL PARK DR  
BLDG A  
MARIANNA, FL 32446

**DO NOT WRITE IN THIS SPACE**



01112005No 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**

BONDURANT, FRANK E  
4450 LAFAYETTE ST  
MARIANNA, FL 32446

**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 May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	FULFORD, DOUG
STREET ADDRESS	3553 INDUSTRIAL PARK DR BLDG A
CITY - ST - ZIP	MARIANNA, FL 32446

TITLE	MGR
NAME	ASSELS, GARY
STREET ADDRESS	P.O. BOX 370
CITY - ST - ZIP	EAR FALLS ONTARIO P0V 1T0,

TITLE	MGR
NAME	RICHARDS, MARK
STREET ADDRESS	3553 INDUSTRIAL PARK DR.
CITY - ST - ZIP	MARIANNA, FL 32446

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000202410  
01/28/05-80109-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:** \_\_\_\_\_

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

Date

Daytime Phone #

*D Fulford*

D FULFORD

Jan 25/05

850 482 4141