


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

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
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04112006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3480037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FULFORD, DOUG 3553 INDUSTRIAL PARK DR BLDG A MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASSELS, GARY P.O. BOX 370 EAR FALLS ONTARIO PQV 1T0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDS, MARK 3553 INDUSTRIAL PARK DR. MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/06-80110-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Douglas Fulford* **D FULFORD** V.P. 4/17/06 850 482 4141

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