


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 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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DO NOT WRITE IN THIS SPACE



01162007 No Chg-LLC CR2E083 (11/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000607351
 01/31/07-80031-025 50.00

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 P0V 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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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: *D. Fulford* **DOUG FULFORD** **JAN 26/07** **850 482 4141**

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