

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90179 013 \*\*\*\*50.00

<b>DOCUMENT # M03000002727</b>					
<b>1. Entity Name</b> BACE ENGINEERING SOLUTIONS, L.L.C.					
<b>Principal Place of Business</b> 10283 APPLETON RD BREWTON, AL 36426			<b>Mailing Address</b> P.O. BOX 1011 BREWTON, AL 36427		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 10283 APPLETON ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BREWTON, AL		<b>4. FEI Number</b> NOT APPLICABLE	
Zip		Country		Zip 36426	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BOUTWELL, DAMON A 4401 WOODBINE ROAD PACE, FL 32571			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE <u>Damon A. Boutwell</u> DATE <u>1-12-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUTWELL, DAMON A P.O. BOX 1011 BREWTON, AL 36427	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUTWELL, DAMON A. 10283 APPLETON ROAD BREWTON, AL 36426
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>Damon A. Boutwell</u> <u>DAMON A. BOUTWELL</u> <u>1-12-05</u> <u>850-232-7376</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					