


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 23, 2008 8:00 am**  
**Secretary of State**

07-23-2008 90035 002 \*\*\*138.75

<b>DOCUMENT # M05000000248</b>					
<b>1. Entity Name</b> AMERICAN SPACEFRAME FABRICATORS, LLC					
<b>Principal Place of Business</b> 9030 W. FORT ISLAND TRAIL, SUITE 11B CRYSTAL RIVER, FL 34429			<b>Mailing Address</b> 9030 W. FORT ISLAND TRAIL, SUITE 11B CRYSTAL RIVER, FL 34429		
<b>2. Principal Place of Business - No P.O. Box #</b> 443 SW 54th		<b>3. Mailing Address</b> 443 SW 54th Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Ocala, FL		<b>City &amp; State</b> Ocala, FL		<b>4. FEI Number</b> 20-2160134	
<b>Zip</b> 34474		<b>Country</b>		<b>Applied For</b> Not Applicable	
<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>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> BAER, ELAM <input checked="" type="checkbox"/> Delete 60 SOUTH SIXTH STREET, SUITE 2535 MINNEAPOLIS, MN 55402		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	President, CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bernard Coyle 443 SW 54th Court Ocala, FL 34474	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> <input checked="" type="checkbox"/> Delete BERRYMAN, JOSEPH M 9030 WEST FORT ISLAND TRAIL, SUITE 11B CRYSTAL RIVER, FL 34429		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Treasurer, CFO, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Laura Carlson 60 South 6th Street, Suite 2535 Minneapolis, MN 55402	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Laura Carlson</i>			<i>Laura Carlson</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 7/15/08 Daytime Phone #: 612-465-0262		