

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000248

FILED
Feb 04, 2009
Secretary of State

Entity Name: AMERICAN SPACEFRAME FABRICATORS, LLC

Current Principal Place of Business:

443 SW 54TH
OCALA, FL 34474

New Principal Place of Business:

443 SW 54TH COURT
OCALA, FL 34474

Current Mailing Address:

443 SW 54TH
OCALA, FL 34474

New Mailing Address:

60 SOUTH 6TH STREET
SUITE 2535
MINNEAPOLIS, MN 55402

FEI Number: 20-2160134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: COYLE, BERNARD
Address: 443 SW 54TH COURT
City-St-Zip: OCALA, FL 34474

Title: TCFS () Delete
Name: CARLSON, LAURA
Address: 60 SOUTH 6TH STREET, SUITE 2535
City-St-Zip: MINNEAPOLIS, MN 55402

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: HOGAN, DANIEL
Address: 60 SOUTH 6TH STREET, SUITE 2535
City-St-Zip: MINNEAPOLIS, MN 55402

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL HOGAN

VP

02/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date