


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000024410	
1. Entity Name ASPS, L.C.	

Principal Place of Business 2305 FAIRWAY LANE SEBRING, FL 33872	Mailing Address 2305 FAIRWAY LANE SEBRING, FL 33872
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DO NOT WRITE IN THIS SPACE



07122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0826332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M ESQ.
 C/O O'CONNOR & ASSOCIATES
 2240 BELLEAIR ROAD, SUITE 160
 CLEARWATER, FL 33764

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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 reappointing)

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHAH, PARUL 6801 W 27 N ST 242 SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHAH, ANJI J 6801 W 27 N ST 242 SEBRING, FL 33872
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07/19/04-80017-001 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____