2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000024410

1. Entity Name
ASPS, L.C.

Principal Place of Business	Mailing Address
2305 FAIRWAY LANE SEBRING, FL 33872	2305 FAIRWAY LANE SEBRING, FL 33872

DO NOT WRITE IN THIS SPACE

02282008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
65-0826332	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LECONEY, SCOTT R
425 SOUTH CAMEROE AVE.
SEBRING, FL 33870

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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 _____

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHAH, PARUL
STREET ADDRESS	4420 SUN N. LAKE BLVD
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	MGR
NAME	SHAH, AMIT I
STREET ADDRESS	4420 SUN N LAKE BOULEVARD
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP.	

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03/21/08-80015-022 150.00

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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: _Parul A Shah_   2/28/0-8

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