


**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

7/10
 7

DOCUMENT # L02000024410

1. Entity Name
ASPS, L.C.



55055512

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
650826332 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
O'CONNOR, PATRICK M. ESQ.
C/O O'CONNOR & ASSOCIATES
2240 BELLEAIR ROAD, SUITE 180
CLEARWATER FL 33764

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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 date of application PHOTO REGISTERED AGENT SIGNATURE REQUIRED WHEN APPLICABLE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER AMT J SHAH 6801 W 27th Street Sebring, FL 33872
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER AMT J SHAH 6801 W 27th Street Sebring, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager PARUL SHAH 6801 W 27th Street Sebring, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager AMT J SHAH 6801 W 27th Street Sebring, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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 REQUIRED Date: 7/8/03 863-385-1244

CRE068 (4/03)