


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90258 042 \*\*\*\*55.00

**DOCUMENT # L02000027279**

1. Entity Name  
**ASE INVESTMENTS, LLC**




Principal Place of Business  
**11000 N.W. 32ND AVENUE**  
**MIAMI, FL 33167 US**

Mailing Address  
**P.O. BOX 133497**  
**HIALEAH, FL 33013 US**

**DO NOT WRITE IN THIS SPACE**

**60048103**



04302007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>81-0581875</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SALAMA, ELIAS M**  
**2600 ISLAND BLVD. APT.305**  
**AVENTURA, FL 33180**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

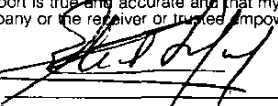
**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>SALAMA, ELIAS</b> <b>2600 ISLAND BLVD. APT.305</b> <b>AVENTURA, FL 33180</b>
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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:**  **ELIAS SALAMA**      **04/27/07**      **305-362-9100**

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