


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90039 045 ****50.00

DOCUMENT # L04000043616

1. Entity Name
ASSAWOMAN CAPITAL LLC



Principal Place of Business
**8725 50TH AVENUE
 SEBASTIAN, FL 32958**

Mailing Address
**8725 50TH AVENUE
 SEBASTIAN, FL 32958**

20050606



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
Po Box 3931
 Suite, Apt. #, etc.

04262005 Chg-LLC CR2E083 (10/03)

City & State
Tequesta, FL

Zip
33469

Country
USA

4. FEI Number
201231810

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DAY, CHRISTOPHER
 8725 50TH AVENUE
 SEBASTIAN, FL 32958**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAY, CHRISTOPHER 106 LIGHTHOUSE CIRCLE UNIT H TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Po box 3931 Tequesta, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIDINSKY, RICHARD 106 LIGHTHOUSE CIRCLE UNIT H TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Po Box 3931 Tequesta, FL 33469
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(i), 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: _____ **4/25/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #