


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000004770 1. Entity Name ASJ, LLC	
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Principal Place of Business 3144 N. SHADELAND AVE. INDIANAPOLIS, IN 46226	Mailing Address 3144 N. SHADELAND AVE. INDIANAPOLIS, IN 46226
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0982495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EDWARDS, GARY 3144 N. SHADELAND AVE. INDIANAPOLIS, IN 46226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREENWALT, JEFFREY 3144 N. SHADELAND AVE. INDIANAPOLIS, IN 46226
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01/13/05-80051-009 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)(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: Gary A. Edwards Gary A. Edwards 1/10/05 (317)860-2940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #