

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # L00000011140  
 1. Entity Name  
 ASTIN COMMERCIAL PROPERTIES, L.L.C.



Principal Place of Business      Mailing Address  
 107 HOLLOWAY RD                      PO BOX 3837  
 PLANT CITY, FL 33567                  PLANT CITY, FL 33563

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 59-3681414      Not Applicable

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

6. Name and Address of Current Registered Agent  
 GARDNER, J. S  
 220 SOUTH FRANKLIN STREET  
 TAMPA, FL 33602

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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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ASTIN, SAM H JR. 3402 S. SAM ASTIN ROAD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ASTIN, SAM H III 4408 MUDLAKE RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ASTIN, BETTY B 3402 S. SAM ASTIN ROAD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ASTIN, BUFFY 4408 MUDLAKE RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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110000180244  
 01/13/05-80052-012 50.00

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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: Betty Astin, Betty Astin      1/10/05 (813) 650-8448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #