

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004054

Entity Name: ASR SYSTEMS, LLC

FILED  
Jan 29, 2007  
Secretary of State

**Current Principal Place of Business:**

540 NE 5TH AVENUE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 969  
GAINESVILLE, FL 32602

**New Mailing Address:**

FEI Number: 59-3747758      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLACK, EMILY W  
540 NE 5TH AVENUE  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PYNE, R. DAVID G MGR  
Address: 540 NE 5TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: BLACK, EMILY W MGR  
Address: 540 NE 5TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EMILY W. BLACK

MNGR

01/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date