2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L01000012217

Entity Name: ASTRO, L.L.C.

Current Principal Place of Business:

12038 RIVERBEND RD.
PORT ST LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

12038 RIVERBEND RD.
PORT ST LUCIE, FL 34984

New Mailing Address:

FEI Number: 65-1124760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONARD, LAWRENCE Y
817 BEACHLAND BLVD.
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

CAIRNS, JOHN S
1343 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 US

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: JOHN S. CAIRNS, DDS 04/29/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: D ( ) Delete
Name: CAIRNS, JOHN S
Address: 12038 RIVERBEND RD
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: S ( ) Delete
Name: CAIRNS, MARLENE A
Address: 12038 RIVERBEND RD
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CAIRNS, JOHN S
Address: 12038 RIVERBEND RD
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: MGRM (X) Change ( ) Addition
Name: CAIRNS, MARLENE A
Address: 12038 RIVERBEND RD
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN S. CAIRNS, DDS MGRM 04/29/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date