


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000019590**  
 1. Entity Name  
**ASER, L.L.C.**



Principal Place of Business      Mailing Address  
**10 WATER STREET**      **10 WATER STREET**  
**WINCHESTER, MA 01890**      **WINCHESTER, MA 01890**

**DO NOT WRITE IN THIS SPACE**



02022004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>65-1152856</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROTH, LEONARDO A ESQ.**  
**3440 HOLLYWOOD BLVD.**  
**STE 360**  
**HOLLYWOOD, FL 33021**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACOSTA, EDUARDO 10 WATER STREET WINCHESTER, MA 01890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERAFINI, MARIA E 10 WATER ST WINCHESTER, MA 01890
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 02/06/04-80020-002 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:** Eduardo E. Acosta **Eduardo E. Acosta** *Gen. Manager*      02/02/04      (481) 7294654  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #