

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90059 003 \*\*\*\*50.00

**DOCUMENT # L02000024410**

1. Entity Name  
**ASPS, L.C.**



Principal Place of Business 2305 FAIRWAY LANE SEBRING, FL 33872	Mailing Address 2305 FAIRWAY LANE SEBRING, FL 33872
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60000046

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>65-0826332</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

O'CONNOR, PATRICK M ESQ.  
 1250 SOUTH BELCHAR ROAD  
 SUITE 160  
 LARGO, FL 33771

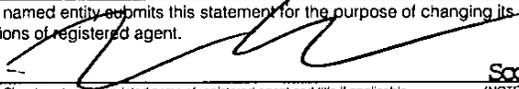
**7. Name and Address of New Registered Agent**

Name  
**LeConey, Scott R.**

Street Address (P.O. Box Number is Not Acceptable)  
**425 South Commerce Avenue**

City  
**Sebring** **FL** Zip Code **33870**

8. The above named entity admits 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  **Scott R. LeConey, registered agent** DATE **01-09-06**

Signature, type 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, 2006**

**Make check payable to Florida Department of State**

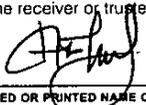
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAH, PARUL 6801 W 27 N ST 242 SEBRING, FL 33872	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAH, AMIT J 4420 SUN N LAKE BOULEVARD SEBRING, FL 33872	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4420 Sun n Lake Blvd. Sebring, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shah, Amit I.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Parul Shah, Manager** Jan. , 2006 **863-385-1244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #