2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# L02000026637

Entity Name: AAS PROPERTIES, L.L.C.

Current Principal Place of Business:

C/O WILLIAM R PENA
1302 SW 178TH WAY
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM R PENA
1302 SW 178TH WAY
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 52-2384813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRAMER, ROBERT M
4000 HOLLYWOOD BOULEVARD STE. 485-SOUTH
HOLLYWOOD, FL 33021 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	PENA, WILLIAM R	
Address:	1302 SW 178TH WAY	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	MGRM	( ) Delete
Name:	PENA, IDA M	
Address:	1302 S W 178 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	MGRM	( ) Delete
Name:	PENA, ANDRES A	
Address:	1302 S W 178 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	MGRM	( ) Delete
Name:	PENA, ALEX A	
Address:	1302 S W 178 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	MGRM	( ) Delete
Name:	PENA, STEPHANIE I	
Address:	1302 S W 178 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33029	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: WILLIAM PENA A.A. 05/03/2005

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