

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2003 8:00 am
Secretary of State

05-02-2003 90077 041 ****50.00

DOCUMENT # L02000028185



1. Entity Name
AS TIME GOES BUY, LLC

Principal Place of Business Mailing Address
2761 TAFT STREET NO.208 **2761 TAFT STREET NO.208**
HOLLYWOOD FL 33020 **HOLLYWOOD FL 33020**

44003224



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GERHING, MARIA TERESA 2761 TAFT STREET NO.208 HOLLYWOOD FL 33020				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	SOLE MEMBER	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARIA TERESA GERHING			NAME			
STREET ADDRESS	2761 TAFT STREET NO. 208			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FLA 33020			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Signature Required* 4/29/03 (805) 530-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date State Phone # X6021

CR2E083 (10/02)

Attachment #

44 003224

May 28, 2003

Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

CERTIFIED MAIL

Re: As Time Goes Buy, LLC
Your Reference No. L02000028185

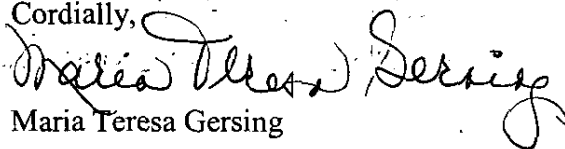
Dear Sir or Madam:

I am returning the corrected annual report in connection with the referenced LLC. Please be advised as follows:

1. I opened the LLC primarily to secure the name "As Time Goes Buy, LLC" with the intention of engaging into business at a much later date. Since I am not yet doing any business with the LLC and will not have tax forms to file, I have not yet applied for an FEI number.
2. I am the sole Member of the LLC.

I hope this complies with all the requirements of the filing and that you file my report.

Cordially,


Maria Teresa Gersing

cc: mtg:encls

mtg:encls

cc: mtg:encls