

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028981

FILED
Apr 01, 2004
Secretary of State

Entity Name: A SQUARED POTENTIAL LLC

Current Principal Place of Business:

350 SW VIOLET AVENUE
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

350 SW VIOLET AVENUE
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 41-2068723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STERN, EDWIN
350 SW VIOLET AVENUE
PORT SAINT LUCIE, FL 34983 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: STERN, EDWIN M
Address: 350 SW VIOLT AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: MGR () Delete
Name: STERN, MARLENE
Address: 350 SW VIOLET AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: MGR () Delete
Name: STERN, AARON
Address: 312 N THOMPSON ST
City-St-Zip: JACKSON, MI 49202 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: STERN, AARON
Address: 6008 SPRINGFIELD ST
City-St-Zip: JACKSON, MI 49203 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: EDWIN M. STERN

COO

04/01/2004

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