2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029139

Entity Name: H.A.S.,L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
9039 EAST RIVER ROAD VENICE, FL 34293	

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 8041 NORTH PORT, FL 342873041	

FEI Number: 90-0070614   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HALL, CLIFFORD K 9039 EAST RIVER ROAD VENICE, FL 34293 US	SLEDJESKI, FRANK J 9039 EAST RIVER ROAD VENICE, FL 34293 US

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: FRANK SLEDJESKI   04/28/2004
                  Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	HALL, CLIFFORD K	Name:	
Address:	9039 EAST RIVER ROAD	Address:	
City-St-Zip:	VENICE, FL 34293	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	ATHONY, JOHN JR	Name:	
Address:	2632 ENSENADA LN	Address:	
City-St-Zip:	NORTH PORT, FL 34286	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	SLEDJESKY, FRANCIS J	Name:	
Address:	4343 WABASSO AVE	Address:	
City-St-Zip:	NORTH PORT, FL 34287	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: FRANK SLEDJESKI   MGRM   04/28/2004
                  Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date