## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # E03000020204  1. Entity Name  A S & J HOLDINGS, LLC								Mar 09, 2005 08:00 AN Secretary of State			
<u> </u>							_			•	
Principal Place of Business				Malling Address				-	-		
943 S.W. 87TH AVENUE MIAMI FL 33174				943 S.W. 87TH AVENUE MIAMI FL 33174							
2. Principal	Place of Busi	ness	J :	3. Mailing Address		<del></del>	_				
								(11441) Si 1440 (1111 09(1) 1441	\$2,00 <b>86</b> 00 <b>6</b> 11 <b>9</b> 05 <b>86</b> 01 <b>7</b> 11 <b>8</b> 11 <b>4</b> 1		
Suite, Apt. #, etc.				Suite, Apt #, etc.				1st MOORE	CR2E083 (10/0	)4) 	
City & State			,	City & State			4. FEI Nun	nber 11-369309	2	Applied For Not Applicable	
Zip		Country		Zip	Cour	ntry	5. Certifica	ate of Status Desired	\$5.00 Fee Req	Additional	
	6. Name	and Address of Cur	rent Rec	gistered Agent			7. Name a	nd Address of New P			
OLWICK, ADAM C						Name		<del>, -, ,, ,, ,,,</del>	<del></del>		
943 S.W. 87TH AVENUE MIAMI FL 33174						Street Address (P.O. Box Number is Not Acceptable)					
								<del></del>			
			<del> </del>		<del></del>	City			r L	Code	
8. The above the obliga	e named entit tions of regis	ty submits this stateme tered_agent.	ent for the	e purpose of changing its	s registér	ed office or regist	tered agent, or i	both, in the State of Flo	orida. I am familiar v	vith, and accept	
SIGNATURE Signalure typed or profed name of registered agent and fills if applicable (NOTE Registered Agent signature required when reinstaling) DATE											
<u> </u>	3,4,5,1,0				The said of the said of	EE IS \$50.00	I 99729528		O. I.	· · · · ·	
				Make Check Payat	le to Fl						
9.	1400	MANAGING ME	MBERS/		10.			ADDITIONS			
TITLE NAME	MGR OLINICK,			☐ Delete	गाः। NAM			U0000025	□ Chan 6379	_	
STRFET ADDRESS CITY-ST-ZIP	943 S.W. 8 MIAMI FL	37TH AVENUE 33174	٠.			ET ANDRESS - ST- ZIF		03/09/05-80	012-016 50.	00	
title	MGR		·	☐ Delete	nitt			<del></del>	☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS	OLINICK, 943 S.W. 8	JUNE BYTH AVENUE			NAM STR∑	F FTADDRESS					
CITY-ST-ZIP	MIAMI FL	33174	<del>_</del>			ST-ZIP		<del></del>			
NAME				L_l Delete	TULE NAM	· · · · · · · · · · · · · · · · · · ·			☐ Chan	ge   Addition	
STREET ADDRESS CITY-ST-ZIP						FT AODRESS -ST-ZIP					
TITLE		<del></del>		☐ Delete	THIEF			· · · · · · · · · · · · · · · · · · ·	☐ Chan	ge	
NAME STRFET ADDRESS	1				NAMI STEE	FTADORESS					
CITY-ST-ZIP						-ST-ZiP					
TITLE NAME	}		**	☐ Delete	TITLE NAMI	ł		· · · · · ·	Chan	ge 🔲 Addition	
STREET ADDRESS					SHA	LI ADDRESS					
COTY ST. ZIP				□ Delete	DITLE	·ST· ZIP		- <del>-</del>	☐ Chan	ge	
NAME					MAM				_ one	\$0 E7 1/00/110/1	
STREET ADDRESS CITY-ST-ZIP			A.			ST-ZIP					
11. I hereby of indicated	certify that the	e information supplied	with this and that	filing does not qualify fo my signature shall have	r the exer	mption stated in Selegal effect as if	Section 119 07(	3)(i), Florida Statutes. I	further certify that the	ne information ager of the	
11. I hereby certify that the information successful 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 about flat 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 by the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNAT	ure. /	MADOM	C. 1	Hirick Mona	r ER		2-1-	2005 3	05-267-94	149	
SIGNATURE: 1 100 100 100 100 100 100 100 100 100											

**FILED**