## 2004 LIMITED LIABILITY COMPANY

SIGNATURE: SIGNATURE and typed or printed name of signing managing member, manager, or authorized representative

## May 03, 2004 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # L03000023028 05-03-2004 90130 047 \*\*\*\*50.00 A & S PROPERTIES, L.L.C. Principal Place of Business Mailing Address 11332 MINARET DRIVE 298 S. SAN ANTONIO ROAD, SUITE 300 TAMPA, FL 33626 MOUNTAIN VIEW, CA 94040 24063454 2. Principal Place of Business 3. Mailing Address 2730 Shriver Dr 298 San Antonio Road Suite, Apt. #, etc. Suite, Apt. #, etc. 04052004 Chg-LLC CR2E083 (10/03) Suite 300 City & State City & State 4. FEI Number Applied For Fork Myers Mountain View, CA 55-0837338 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired П USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>Jarvis, William S.</u> KHALIFE, SAMIR ----Street Address (P.O. Box Number is Not Acceptable) 11332 MINARET DRIVE TAMPA, FL 33626 egistered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if red Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2004 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE 4 TITI F member ☐ Delete ☐ Change ■ Addition NAME 3 3 William S. Jarvis NAME STREET ADDRESS 2730 Shriver Dr. STREET ADDRESS CITY-ST-ZIP Fort Myers, FL 33901 CITY-ST-ZIP TITLE member ☐ Delete TITLE ☐ Change Addition NAME NAME Alka Jarvis 360 Everett Ave, #IA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Palo Alto, CA 94301 CITY-ST-7IP TITLE ☐ Delete TITI F Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ 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.

FILED

*650-32*9-8858