


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000023028
1. Entity Name
A & S PROPERTIES, L.L.C.



Principal Place of Business Mailing Address
2730 SHRIVER DR. 298 S. SAN ANTONIO ROAD, SUITE 300
FORT MYERS, FL 33901 MOUNTAIN VIEW, CA 94040

DO NOT WRITE IN THIS SPACE



03172005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
55-0837338 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JARVIS, WILLIAM S
2730 SHRIVER DR.
FORT MYERS, FL 33901

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JARVIS, WILLIAM S
STREET ADDRESS	2730 SHRIVER DR.
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	MGRM
NAME	JARVIS, ALKA
STREET ADDRESS	360 EVERETT AVE., #1A
CITY-ST-ZIP	PALO ALTO, CA 94301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

09718705-80124-003 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **3/24/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #