2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035448

Entity Name: IMPORT BOOST ASYLUMM LLC

Current Principal Place of Business:	**New Principal Place of Business:**
14245 PINE CONE TRAIL CLERMONT, FL 34711	

Current Mailing Address:	**New Mailing Address:**
14245 PINE CONE TRAIL CLERMONT, FL 34711	

FEI Number: 61-1442757   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:**
BUCHANAN, JASON 6550 CENTERWALK DR., APT. A WINTERPARK, FL 32792 US	BUCHANAN, JASON 14245 PINE CONE TRAIL CLERMONT, FL 34711 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: JASON BUCHANAN   06/30/2004
_____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	BUCHANAN, JASON	Name:	
Address:	14245 PINE CONE TRAIL	Address:	
City-St-Zip:	CLERMONT, FL 34711	City-St-Zip:	

Title:	MGRM (X) Delete	Title:	( ) Change ( ) Addition
Name:	L'HEUREUX, THOMAS	Name:	
Address:	14245 PINE CONE TRAIL	Address:	
City-St-Zip:	CLERMONT, FL 34711	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	KLEISER, BRANDEN	Name:	
Address:	14245 PINE CONE TRAIL	Address:	
City-St-Zip:	CLERMONT, FL 34711	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: JASON BUCHANAN   MGRM   06/30/2004
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date