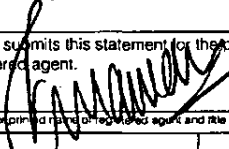
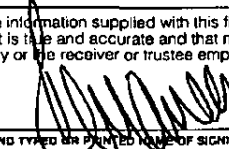


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

01-16-2004 90015 046 ****55.00

34000088

DOCUMENT # L03000035702			
1. Entity Name ASRB TECHNOLOGIES, LLC			
Principal Place of Business 11987 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411		Mailing Address 11987 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411	
2. Principal Place of Business 7100 Fairway Dr. Suite, Apt. #, etc. 36		3. Mailing Address 7100 Fairway Dr. Suite, Apt. #, etc. 36	
City & State Palm Beach Gardens		City & State Palm Beach Gardens	
Zip 33418		Zip 33418	
Country USA		Country USA	
4. FEI Number 20-0237483		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAWANI, RIZWAN 11987 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name MAWANI, RIZWAN Street Address (P.O. Box Number is Not Acceptable) 7100-36 Fairway Dr. City Palm Beach Gardens FL Zip Code 33418	
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  Rizwan Mawani, MGRM Jan 7, 2004 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAWANI, RIZWAN 11987 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAWANI, RIZWAN 7100-36 Fairway Drive Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUSSAIN, ALTA 11987 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Rizwan Mawani, MGRM Jan 7/04 561-799-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Expiry Phone #	