2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/

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

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

34000088

01062004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000035702

1. Entity Name
ASRB TECHNOLOGIES, LLC

Principal Place of Business	Mailing Address
~~11987 SOUTHERN BLVD~~	~~11987 SOUTHERN BLVD~~
~~ROYAL PALM BEACH, FL 33411~~	~~ROYAL PALM BEACH, FL 33411~~

2. Principal Place of Business	3. Mailing Address
7100 Fairway Dr.	7100 Fairway Dr.
Suite, Apt. #, etc. 36	Suite, Apt. #, etc. 36
City & State Palm Beach Gardens	City & State Palm Beach Gardens
Zip 33418 Country USA	Zip 33418 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	7. Name and Address of New Registered Agent
MAWANI, RIZWAN	Name MAWANI, RIZWAN
~~11987 SOUTHERN BLVD~~	Street Address (P.O. Box Number is Not Acceptable) 7100-36 Fairway Dr.
ROYAL PALM BEACH, FL 33411	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) DATE

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	MGRM ☒ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	MAWANI, RIZWAN	NAME	MAWANI, RIZWAN
STREET ADDRESS	~~11987 SOUTHERN BLVD~~	STREET ADDRESS	7100-36 Fairway Drive
CITY-ST-ZIP	~~ROYAL PALM BEACH, FL 33411~~	CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HUSSAIN, ALTAF	NAME	
STREET ADDRESS	11987 SOUTHERN BLVD	STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ 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	
TITLE	☐ Delete	TITLE	☐ 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.

SIGNATURE: Rizwan Mawani, MGRM Jan 7/04 561-799-600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #