


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90348 026 \*\*\*\*50.00

<b>DOCUMENT # L03000037427</b>	
1. Entity Name <b>A&amp;S DEVELOPERS, LLC</b>	

Principal Place of Business <b>1900 NW CORPORATE BOULEVARD SUITE 301, WEST BUILDING BOCA RATON, FL 33431 US</b>	Mailing Address <b>1900 NW CORPORATE BOULEVARD SUITE 301, WEST BUILDING BOCA RATON, FL 33431 US</b>
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2. Principal Place of Business <b>923 N.W. 31ST AVENUE</b>	3. Mailing Address <b>923 N.W. 31ST AVENUE</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>POMPANO BEACH, FL</b>	City & State <b>POMPANO BEACH, FL</b>
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Zip <b>33069</b>	Country <b>BROWARD</b>	Zip <b>33069</b>	Country <b>BROWARD</b>
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6. Name and Address of Current Registered Agent			
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<b>AGER, ISABELLE ESQ.</b> <b>1900 NW CORPORATE BOULEVARD</b> <b>SUITE 301, WEST BUILDING</b> <b>BOCA RATON, FL 33431</b>			
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01062005	Chg-LLC	CR2E083 (10/03)
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4. FEI Number <b>APPLIED FOR 35-2228175</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

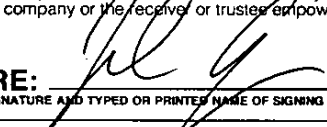
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGER, JOHN 1900 NW CORPORATE BOULEVARD, SUITE 301W BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAW, BRIAN 1900 NW CORPORATE BOULEVARD, SUITE 301W BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	<b>JOHN AGER</b>	<b>1/6/05</b>	<b>(954) 975-9797</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #