


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000039974 1. Entity Name ASTOR PROPERTIES, L.L.C.	
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Principal Place of Business 44 COCOANUT ROW, APT. A-219 PALM BEACH, FL 33480	Mailing Address 44 COCOANUT ROW, APT. A-219 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0321477	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent O'CONNELL, BRIAN M ESQ. 515 NORTH FLAGLER DRIVE, SUITE 1800 WEST PALM BEACH, FL 33401	DO NOT WRITE IN THIS SPACE
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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 _____

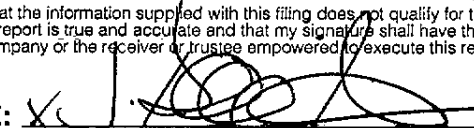
**Filing Fee is \$50.00
Due by May 1, 2005**

1100000230507
02/15/05-80046-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONAHUE, J. BARRY 44 COCOANUT ROW, APT. A-219 PALM BEACH, FL 33480
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**DO NOT WRITE
IN THIS SPACE**

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:  **Date:** 2/5/05 **Daytime Phone #:** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE