

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047039

Entity Name: AAS MANAGEMENT, LLC

FILED
Jul 08, 2005
Secretary of State

Current Principal Place of Business:

10500 WINBOROUGH DRIVE
PORT CHARLOTTE, FL 33981

New Principal Place of Business:

Current Mailing Address:

7871 UNIVERSITY AVENUE
SUITE A
LA MESA, CA 91941 US

New Mailing Address:

FEI Number: 52-2416128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHACK, EDWARD J
23164 SANDALFOOT PLAZA DRIVE
BOCA RATON, FL 33428 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAPLAN, STEPHEN R MR
Address: 7871 UNIVERSITY AVENUE, SUITE A
City-St-Zip: LA MESA, CA 91941 US

Title: MGRM () Delete
Name: DARLING, TIMOTHY F MR
Address: 7871 UNIVERSITY AVENUE, SUITE A
City-St-Zip: LA MESA, CA 91941 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KAPLAN, HOWARD B MR
Address: 7871 UNIVERSITY AVENUE, SUITE A
City-St-Zip: LA MESA, CA 91941 US

Title: () Change () Addition
Name:
Address:
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: HOWARD KAPLAN

MR

07/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date