

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 25, 2008 8:00 am
Secretary of State

07-25-2008 90033 001 *1,616.25

DOCUMENT # L03000047199

1. Entity Name
AAS I, LLC



Principal Place of Business
10500 WINBOROUGH DRIVE
PORT CHARLOTTE, FL 33981

Mailing Address
5005 TEXAS STREET
SUITE 105
SAN DIEGO, CA 92108

DO NOT WRITE IN THIS SPACE



07082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
52-2416128

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KAPLAN, HOWARD B
5005 TEXAS STREET, SUITE 105
SAN DIEGO, CA 92108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DARLING, TIMOTHY F
5005 TEXAS STREET, SUITE 105
SAN DIEGO, CA 92108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____

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

MGRM

7/17/08

Date

(619) 220-6700

Daytime Phone #