


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90179 018 \*\*\*\*55.00

<b>DOCUMENT # L04000027141</b>					
1. Entity Name <b>ASR, LLC</b>					
Principal Place of Business <b>42202 FISHER ISLAND FISHER ISLAND DRIVE, FL 33109</b>			Mailing Address <b>42202 FISHER ISLAND FISHER ISLAND DRIVE, FL 33109</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>20-0991675</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				Additional Fee Required <b>\$5.00</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DIEPPA, JOSEPH 42202 FISHER ISLAND FISHER ISLAND DRIVE, FL 33109</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>	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 _____				DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when renewing)					
Filing Fee is \$60.00 Due by May 1, 2005			Make check payable to Florida Department of State		
8. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIEPPA, JOSEPH		NAME	42202 FISHER ISLAND DRIVE	
STREET ADDRESS	42202 FISHER ISLAND		STREET ADDRESS	FISHER ISLAND, FL 33109	
CITY-ST-ZIP	FISHER ISLAND DRIVE, FL 33109		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	MGR. CEDRIK DENAIN	
STREET ADDRESS			STREET ADDRESS	42202 FISHER ISLAND DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	FISHER ISLAND, FL - 33109	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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)(1), 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 606, Florida Statutes.					
SIGNATURE: _____				Date: <b>1/9/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # _____	