


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000027141	
1. Entity Name ASR, LLC	

Principal Place of Business 42202 FISHER ISLAND FISHER ISLAND DRIVE, FL 33109	Mailing Address 42202 FISHER ISLAND FISHER ISLAND DRIVE, FL 33109
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DO NOT WRITE IN THIS SPACE



02082006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0991675	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIEPPA, JOSEPH
42202 FISHER ISLAND
FISHER ISLAND DRIVE, FL 33109

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIEPPA, JOSEPH 42202 FISHER ISLAND DRIVE FISHER ISLAND DRIVE, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMAIN, CEDRIK 42202 FISHER ISLAND DRIVE FISHER ISLAND DRIVE, FL 33109
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03/02/06-80007-011 55.00

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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: _____ **2-17-06** **(305) 534-1989**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Overtime Phone #