

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90102 013 ***143.75

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

DO NOT WRITE IN THIS SPACE



02272008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0991675	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AGE RE SERVICES, LLC
 9755 SW 40TH TERRACE
 MIAMI, FL 33165

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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 DENAIN, CEDRIK 42202 FISHER ISLAND DRIVE FISHER ISLAND DRIVE, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Joseph Diepps 3/27/08 3055341989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #