

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90023 005 \*\*\*\*55.00

<b>DOCUMENT # L04000033024</b> 1. Entity Name <b>A&amp;S TIERRA VERDE VENTURES, L.L.C.</b>					
Principal Place of Business <b>11300 FOURTH STREET NORTH, SUITE 200                  ST. PETERSBURG, FL 33716</b>			Mailing Address <b>11300 FOURTH STREET NORTH, SUITE 200                  ST. PETERSBURG, FL 33716</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04192006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>20-1112237</b>		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Zip Country		Zip Country		6. Name and Address of Current Registered Agent <b>SEMBLER, M. STEVEN                  11300 FOURTH STREET NORTH, SUITE 200                  ST. PETERSBURG, FL 33716</b>	
7. Name and Address of New Registered Agent Name <b>Fanelli, Julie V.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11300 4th Street N; Ste 200</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33716</b>		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 <u><i>Julie V. Fanelli</i></u> DATE <u>4-20-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00                  Due by May 1, 2006</b>		<b>Make check payable to                  Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>SEMBLER, M. STEVEN</b> <input type="checkbox"/> Delete <b>11300 FOURTH STREET NORTH SUITE 200</b> <b>SAINT PETERSBURG, FL 33716</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <u><i>M. Steven Sembler</i></u>		Date <u>4/19/06</u>		Daytime Phone # <u>727 577 5522</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					