



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90152 035 \*\*\*\*50.00

<b>DOCUMENT # L04000045206</b> 1. Entity Name <b>RICH ASC, LLC</b>					
Principal Place of Business <b>C/O WILLIAM J. SPRATT, JR., ESQ. 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131</b>			Mailing Address <b>C/O WILLIAM J. SPRATT, JR., ESQ. 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # <b>10860 S.W. 88<sup>TH</sup> STREET</b>		3. Mailing Address <b>SUITE 210</b>			
Suite, Apt. #, etc. <b>SUITE 210</b>		Suite, Apt. #, etc. <b>SUITE 210</b>			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>		4. FEI Number <b>20-1256669</b>	
Zip <b>33176</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SPRATT, WILLIAM J JR., ESQ 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</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	<b>MGRM RICH, JEFFREY D.O. 10860 S.W. 88TH STREET MIAMI, FL 33176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RICH, JEFFREY, D.O. 10860 S.W. 88<sup>TH</sup> STREET, SUITE 210 MIAMI, FLORIDA 33176</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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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"/> 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.					
<b>SIGNATURE:</b>  <b>2/13/07</b> <b>(305) 279-1776</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					