2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000045498

1. Entity Name
A & S INVESTMENTS IV, L.L.C.

Principal Place of Business	Mailing Address
933 BEVILLE ROAD, BUILDING 103-F SOUTH DAYTONA, FL 32119	P.O. BOX 551260 JACKSONVILLE, FL 32255

DO NOT WRITE IN THIS SPACE

03092006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1249910

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
5150 BELFORD ROAD, BUILDING 100
JACKSONVILLE, FL 32256

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

100000147354
04/08/06-80045-013 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SCHWARTZ, WINSTON
STREET ADDRESS	933 BEVILLE ROAD BUILDING 103-F
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
TITLE	MGRM
NAME	ADLEY, JAMIE
STREET ADDRESS	933 BEVILLE ROAD BUILDING 103-F
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ JAMIE ADLEY 3/10/06 (Rev) 760 2535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #