2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000045502

1. Entity Name
A & S INVESTMENTS V, 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

03232007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1249947	Not Applicable

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

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
5150 BELFORT 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_____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

U000000687399
04/10/07-80038-012 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SCHWARTZ, WINSTON
STREET ADDRESS	933 BEVILLE ROAD, BLDG 103-F
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
TITLE	MGRM
NAME	ADLEY, JAMIE
STREET ADDRESS	933 BEVILLE ROAD, BLDG 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	

DO NOT WRITE IN THIS SPACE

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: _____   3/25/07   386 760 2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #