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May 08, 2006 8:00 am  
Secretary of State

05-08-2006 90033 047 \*\*\*\*50.00

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L04000062764			
1. Entity Name ASN PROPERTIES, LLC			
19701 EAST COUNTRY CLUB DRIVE, #5101 AVENTURA, FL 33180		19701 EAST COUNTRY CLUB DRIVE, #5101 AVENTURA, FL 33180	
21262E 187 ST NORTH MIAMI, B FL 33139			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04272006 Chg-LLC CR2E083 (11/05)		4. FEI Number 20-1569648	
5. Certificate or Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSENBERG, ARTHUR R 4675 NORTH FEDERAL HIGHWAY, 7TH FLOOR FORT LAUDERDALE, FL 33308		NAME STREET ADDRESS (P.O. Box Number is Not Acceptable) CITY FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR AVNERY, SHI OMI 19701 EAST COUNTRY CLUB DRIVE, #5101 AVENTURA, FL 33180 <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
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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 by the individual named as a managing member or manager of the limited liability company or its receiver or trustee, empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE _____ DATE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			