2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2007
Secretary of State

DOCUMENT# L04000066522

Entity Name: A & S DEVELOPMENT PARTNERS, LLC

Current Principal Place of Business:

354 EAST 91ST STREET, SUITE 201
NEW YORK, NY 10028

New Principal Place of Business:

Current Mailing Address:

354 EAST 91ST STREET, SUITE 201
NEW YORK, NY 10028

New Mailing Address:

FEI Number: 20-1857955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DADE COUNTY CORPORATE AGENTS, INC.
18901 N.E. 29TH AVENUE SUITE 100
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PODOLSKY, SCOTT
Address: 354 EAST 91ST STREET, SUITE 201
City-St-Zip: NEW YORK, NY 10028

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PODOLSKY, SCOTT
Address: 354 EAST 91ST STREET, SUITE 2301
City-St-Zip: NEW YORK, NY 10028

Title: MGR ( ) Change (X) Addition
Name: FORKOSH, ALEX
Address: 354 EAST 91ST STREET, SUITE 2301
City-St-Zip: NEW YORK, NY 10028

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEX FORKOSH MGR 07/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date