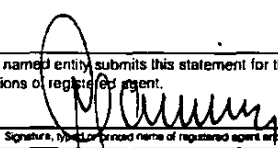
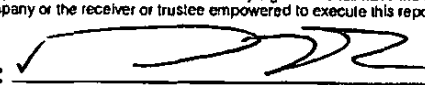


2005 LIMITED LIABILITY COMPANY - ANNUAL REPORT

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FILED
Jun 06, 2005 8:00 am
Secretary of State

04-29-2005 90027 026 ****50.00

DOCUMENT # L04000082365 1. Entity Name ASES, LLC																													
Principal Place of Business 7360 S.W. 34 STREET, SUITE 34 MIAMI, FL 33155			Mailing Address 7360 S.W. 34 STREET, SUITE 34 MIAMI, FL 33155																										
2. Principal Place of Business 7360 SW 24 Street Suite, Apt. #, etc. 34 City & State Miami FL Zip 33155		3. Mailing Address 7360 SW 24 Street Suite, Apt. #, etc. 34 City & State Miami FL Zip 33155		30008754 																									
4. FEI Number 20-2157500				Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04262005 Chg-LLC CR2E083 (10/03)																									
6. Name and Address of Current Registered Agent GARCIA, PAUL A 1515 MADRUGA AVENUE, SUITE 240 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name Street Address (P.O. Box, Number is Not Acceptable) 1550 Madruga Ave. Suite 240 City Coral Gables FL Zip Code 33146																										
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 4/26/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)																													
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MANAGING MEMBER ALFREDO SESANA 450 COSTANERA ROAD CORAL GABLES, FL 33143 ☐ Delete </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER ALFREDO SESANA 450 COSTANERA ROAD CORAL GABLES, FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Change ☐ Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/26/05 305-662-313 Daytime Phone #																										