2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000087931 1. Entity Name AS REAL INV., LLC				SECRETARY OF STATE DIVISION OF CORPORATIONS 06 AUG 22 AM 9: 54				
Principal Place of Business Mailing Address				d	_	1117 50 04		
4790 NW 7 STREET 4116 BUCHANAN ST								
MIAMI, FL 33126 US HOLLYWOOD, FL 33021 US								
2. Principal Place of Business	3. Mailing Address	Mailing Address						
Suite, Apt. #, erc.	Suite, Apt. #, etc.			08182006	Chg-LLC	CR2E083 (1	11/05)	
City & State	City & State			4. FEI Numb			-	ed For opticable
Zip Country	Zip	Country		5. Certificate of Status Desired X \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
SANTOS, ANTONIO			Name					
4116 BUCHANAN ST. HOLLYWOOD, FL 33021	Street /	Address (dress (P.O. Box Number is Not Acceptable)					
110LE1 WOOD, 1 E 33021								
		City				FL Z	Zip Code	
8. The above named entity submits this statement for	the purpose of changing its	registered office of	r register	red agent, or be	oth, in the State of	Florida. I am famili	ar with, and	d accept
the obligations of registered agent. ANTONIO SANTOS 8/21/06								
SIGNATURE Signature typed or printed name of registered agent a	nd title if applicable. {NOTE	: Registered Agent signa	ture required	t when reinstating)		DATE		
Amended AR is \$50.00					1	ake check payat ida Department (
9. MANAGING MEMBE	RS/MANAGERS	10.				NS/CHANGES		
TITLE PRES Delete TITL NAME SANTOS, ANTONIO NAM				aging Mo itos, Ani		X	Change [Addition
STREET ADDRESS 4116 BUCHANAN ST			1	-	nan Street	-		
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NAME "		NAME						
STREET ADDRESS CITY-SY-ZIF		STREET ADDRESS CITY-ST-ZIP						
11. Thereby certify that the information supplied with indicated on this report is true and accurate and	this filing does not qualify for	r the exemptions of	contained	in Chapter 119	9, Florida Statutes.	I further certify that	t the inform	nation
indicated on this report is true and accurate and limited liability company or the receiver or trusted	empowered to execute this	report as required	by Chap	ter 608, Florida	Statutes.	ging moniper of	anayer C	2, UIG
1/1/1/90			A NT/TI	ONIO SAN	יייטני פ	/21/06		
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date								