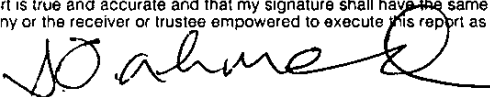


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90034 026 ****55.00

DOCUMENT # L05000031528 1. Entity Name FASM PROPERTIES, LLC					
Principal Place of Business 5608 VENKATA WAY PROSPECT, KY 40059-8660			Mailing Address 5608 VENKATA WAY PROSPECT, KY 40059-8660		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05012006 Chg-LLC CR2E083 (11/05) Applied For ☐ Not Applicable ☒	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AGENTS AND CORPORATIONS, INC. STE. E 773 4TH AVENUE NORTH NAPLES, FL 34102			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM AHMED, SYED 5608 VENKATA WAY PROSPECT, KY 400598660	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 			4/30/06 502-500-8707		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



CGI Timeout

40088475
#105000031528

The specified CGI application exceeded the allowed time for processing. The server has deleted the process.



Please Note :

I had intended on filing my annual report on line however I was unable to as your server was down. In spite of repeated attempts I kept getting timed out. I am therefore enclosing the hard copy of the report which I had completed yesterday as a back up. Please excuse my report from getting to you a few days late. Thank you.

Atahmed
(SYED AHMED)

05/01/2006