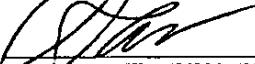


# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 14, 2007 8:00 am  
Secretary of State**

04-20-2007 90029 014 \*\*\*\*50.00

<b>DOCUMENT # L05000061436</b>				
<b>1. Entity Name</b> <b>A&amp;S ACQUISITIONS, LLC</b>				<b>30007782</b>
<b>Principal Place of Business</b> <b>1515 NORTH FEDERAL HWY SUITE 300 BOCA RATON, FL 33432</b>		<b>Mailing Address</b> <b>1515 NORTH FEDERAL HWY SUITE 300 BOCA RATON, FL 33432</b>		<b>04172007 Chg-LLC CR2E083 (12/06)</b>
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>		<b>Applied For <input checked="" type="checkbox"/> Not Applicable</b>
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b>		<b>4. FEI Number</b>
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>5. Certificate of Status Desired</b>
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>\$5.00 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>
<b>CASSAS, ANDREW N 1515 NORTH FEDERAL HWY SUITE 300 BOCA RATON, FL 33432</b>				<b>Name</b>
				<b>Street Address (P.O. Box Number is Not Acceptable)</b>
				<b>City</b>
				<b>FL Zip Code</b>
<b>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.</b>				
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><small>(NOTE: Registered Agent signature required when changing)</small></span> <span style="float: right;"><small>DATE</small></span>				
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>
<b>9. MANAGING MEMBERS/MANAGERS</b>				
<b>10. ADDITIONS/CHANGES</b>		<b><input type="checkbox"/> Change <input type="checkbox"/> Addition</b>		
<b>TITLE</b>	<b>MGRM</b>		<input type="checkbox"/> Delete	<b>TITLE</b>
<b>NAME</b>	<b>CASSAS, ANDREW N</b>		<input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>1515 NORTH FEDERAL HWY SUITE 300</b>		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>BOCA RATON, FL 33432</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>MGRM</b>		<input type="checkbox"/> Delete	<b>TITLE</b>
<b>NAME</b>	<b>SWANK, STEPHANIE</b>		<input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>6017 PINE RIDGE RD # 207</b>		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>NAPLES, FL 34119</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>TITLE</b>			<input type="checkbox"/> Delete	<b>TITLE</b>
<b>NAME</b>			<input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>			<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>			<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>TITLE</b>			<input type="checkbox"/> Delete	<b>TITLE</b>
<b>NAME</b>			<input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>			<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>			<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>TITLE</b>			<input type="checkbox"/> Delete	<b>TITLE</b>
<b>NAME</b>			<input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>			<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>			<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>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.</b>				
<b>SIGNATURE:</b>  <span style="float: right;"><i>4/17/07</i></span>				
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				
<small>Daytime Phone #</small>				