


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90028 036 ****50.00

DOCUMENT # L05000061749

1. Entity Name
ASIN DEVELOPMENT, LLC



Principal Place of Business
9520 SW 79TH AVE
MIAMI, FL 33156 US

Mailing Address
9520 SW 79TH AVE
MIAMI, FL 33156 US

60035265

2. Principal Place of Business
12845 SW 82 PL
 Suite, Apt. #, etc.

3. Mailing Address
12845 SW 82 PL
 Suite, Apt. #, etc.



04282006 Chg-LLC CR2E083 (11/05)

City & State
PINECREST, FL

City & State
PINECREST

Zip
33156 Country
MIAMI DADE

Zip
33156 Country
MIAMI DADE

4. FEI Number
20-3039322

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
MELENDEZ VEGA, LLC
9010 SW 137TH AVE
SUITE 225
MIAMI, FL FL

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 SMITH, GEORGE 9520 SW 79TH AVE MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, GEORGE 12845 SW 82 PL PINECREST, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELORDI, MARGARITA 9520 SW 79TH AVE MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELORDI, MARGARITA 12845 SW 82 PL PINECREST, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE