2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066957

Entity Name: ASTOR 3 LLC

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1512 N. LAKESIDE DR. LAKE WORTH, FL 33460

Current Mailing Address: New Mailing Address:

P.O. BOX 1474 LAKE WORTH, FL 33460

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAWRENCE, ANDREA SCHIFF, SUSAN 1512 N. LAKÉSIDE DR. 1512 N. LAKESIDE DR.

LAKE WORTH, FL, FL 33460 US LAKE WORTH, FL 33460 US

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.

SIGNATURE: SUSAN SCHIFF 03/25/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change () Addition

LAWRENCE, ANDREA SCHIFF, SUSAN Name: Name: Address: 1512 N. LAKESIDE DR. Address: 1512 N. LAKESIDE DR. City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460

Title: MGRM () Delete Title: () Change () Addition

Name: SCHIFF, SUSAN Name: Address: 1512 N. LAKESIDE DR Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUSAN SCHIFF 03/25/2009