

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L05000067565
 1. Entity Name
 ASLAN BEACH HOUSE, LLC



Principal Place of Business
 1031 ZORN AVE., SUITE 1400
 LOUISVILLE, KY 40207

Mailing Address
 1031 ZORN AVE., SUITE 1400
 LOUISVILLE, KY 40207

DO NOT WRITE IN THIS SPACE



02022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3149031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STONEBURNER BERRY & SIMMONS, P.A.
 841 PRUDENTIAL DRIVE, SUITE 1400
 JACKSONVILLE, FL 32207

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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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASLAN VENTURES FLORIDA, LLC 1031 ZORN AVE., SUITE 1400 LOUISVILLE, KY 40207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/08/07-80051-006 50.00

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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: Greg Evans 4/30/07 (502)253-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #