


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 A
Secretary of State


DOCUMENT # L05000071671

1. Entity Name
 ASMD PROPERTIES, LLC



Principal Place of Business 4850 W. OAKLAND PK. BLVD STE. C FORT LAUDERDALE, FL 33313	Mailing Address 4850 W. OAKLAND PK. BLVD STE. C FORT LAUDERDALE, FL 33313
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 13-4309435	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

MELO, JOSE B
 260 SW 84TH AVENUE, SUITE C
 PLANTATION, FL 33324-2715

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

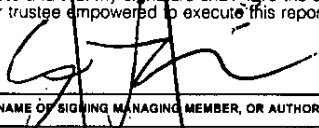
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRAMS, MD, STEVEN M 4850 W. OAKLAND PK. BLVD. #C FORT LAUDERDALE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENNIS, MD, DAVID K 260 SW 84TH AVE., STE. C PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMIREZ, CARLOS A 18243 NW 15TH LANE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/31/08-80029-014 143.75

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:  Date: 1/21/08 Daytime Phone #: 954-731-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE