


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

4/ Jun 15, 2006 8:00 am
Secretary of State

04-28-2006 90026 014 ****50.00

DOCUMENT # L05000094275					
1. Entity Name AMERICAN STANDARDS INSTITUTE FOR AUTOMATED TRANSPORT SYSTEMS, LLC					
Principal Place of Business 3600 NW 43RD STREET, SUITE C-1 GAINESVILLE, FL 32606			Mailing Address 3600 NW 43RD STREET, SUITE C-1 GAINESVILLE, FL 32606		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHAMBERLAIN, STEVEN M 601 NE FIRST STREET GAINESVILLE, FL 32601			Name Waldemar F. Kissel Jr.		
			Street Address (P.O. Box Number is Not Acceptable) 3600 NW 43rd Street C-1		
			City Gainesville FL Zip Code 32606		
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		<i>Waldemar F. Kissel Jr.</i>		DATE 4/15/06	
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	MGR KISSEL, WALDEMAR F 3600 SW 43RD STREET, SUITE C-A GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 608, Florida Statutes.					
SIGNATURE:		<i>Waldemar F. Kissel Jr.</i>		Date 4/15/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	

30010437



04262006 Chg-LLC CR2E083 (11/05)