2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 08, 2006 8:00 am Secretary of State 04-18-2006 90007 008 ****50.00 **DOCUMENT # L05000098729** 1. Entity Name ASPM, LLC 00007400 Principal Place of Business Mailing Address 2078 CEZANNE RD. 2078 CEZANNE RD. WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 Chg-LLC CR2E083 (11/05) 20-358718(City & State City & State Applied For Not Applicable Zip Country Ζip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALDIAS, ALDO 2078 CEZANNE RD. Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33409 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 Synthere, typed or present name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when rem DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check psyable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE Addition Change SALDIAS, ALDO NAME HALES STREET ADDRESS 2078 CEZANNE RD. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33409 CITY-ST-ZIP MGRM TITLE Delete IIILE ☐ Change ☐ Addition MANIEU, PAULA 2078 CEZANNE RD. STREET ADDRESS STREET ACCRESS WEST PALM BEACH, FL 33409 C1TY-S1-212 CITY-ST-7P TITLE Defete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP fifts Deleta TITLE Chance Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete me ☐ Change ☐ Addition NAME NAME SURFET ACCORESS STREET ACCORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TIDE Detete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 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 eath; 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.

ALDO SALDUS

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