

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-14-2007 90220 006 ****50.00
02-22-2007 90277 024 ****50.00

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|---|---|
| DOCUMENT # L06000101907 |  |
| 1. Entity Name ASD WESTCHESTER HOLDINGS, L.L.C. | |

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| Principal Place of Business 299 ALHAMBRA CIRCLE, STE. 401 CORAL GABLES, FL 33134 | Mailing Address 299 ALHAMBRA CIRCLE, STE. 401 CORAL GABLES, FL 33134 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
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00017007



02052007 Chg-LLC CR2E083 (12/06)

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

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|--|---|
| 6. Name and Address of Current Registered Agent QUINTANA, J. JOSE 299 ALHAMBRA CIRCLE, STE. 401 CORAL GABLES, FL 33134 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|---|

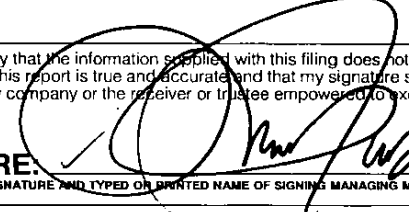
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR QUINTANA, J. ANTONIO 299 ALHAMBRA CIRCLE, STE. 401 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **2/19/07** **305 7510007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #