
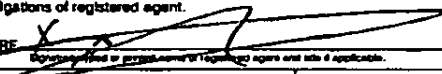
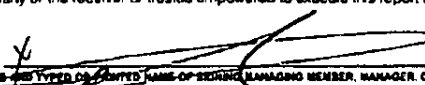


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

33/1

FILED
Apr 10, 2007 8:00 am
Secretary of State

03-12-2007 90480 018 ****55.00

DOCUMENT # L06000115868			
1. Entity Name ASR CONSTRUCTION, LLC			
Principal Place of Business 42202 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109		Mailing Address 42202 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5425884		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMAOM CEDRIK E 42202 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109		7. Name and Address of New Registered Agent Name AGE RE SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 9755 SW 40th Terrace City Miami FL Zip Code 33105	
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	
Filing Fee is \$60.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Cedrik E Dengin 42202 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	MOZ
		Joseph Diepps 42202 Fisher Island Drive Fisher Island, FL 33109	MOZ
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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: 		Date	
PRINTING AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	