

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000086703

FILED
Jun 16, 2008
Secretary of State**Entity Name:** ASNW INVESTMENTS, LLC**Current Principal Place of Business:**1715 E YOUNG CIRCLE
HOLLYWOOD, FL 33020**New Principal Place of Business:****Current Mailing Address:**6095 NW 167TH STREET, UNIT D-8
HIALEAH, FL 33015**New Mailing Address:****FEI Number:** 26-0774003**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TOBIN, MICHAEL S
11900 BISCAYNE BLVD., SUITE 740
MIAMI, FL 33181 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: WOLAK, ALEXANDRE
Address: 6095 NW 167TH STREET, UNIT D-8
City-St-Zip: HIALEAH, FL 33015**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR () Change (X) Addition
Name: BUKAHI, LEILA
Address: 3600 MYSTIC POINTE DR. # 205
City-St-Zip: AVENTURA, FL 33180**Title:** MGR () Change (X) Addition
Name: NAJMAN, ILANA B
Address: 6095 NW 167TH ST SUITE D8
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEXANDRE WOLAK

MGR

06/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date