2008 LIMITED LIABILITY COMPANY

Apr 28, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #L07000113922** 04-28-2008 90052 045 ***138.75 1. Entity Name ASEV, LLC. 60030506 Principal Place of Business Mailing Address 6814 FINAMORE CIR 6814 FINAMORE CIR LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zio Country Zio Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Hex lan TAN. EILEEN Street Address (P.O. Box Number is Not Acceptable) 6814 FINAMORE CIR 6814 Finamore CIR LAKE WORTH, FL 33467 Zip Code 33467 Lake Worth 8. The above named entity sybmits 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 real ALEX TAN . MGRM SIGNATURE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM ☐ Addition TITLE TITLE Change Delete TAN, EILEEN NAME NAME **6814 FINAMORE CIR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE TAN, ALEX NAME NAME **6814 FINAMORE CIR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

MAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED