

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 3**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-07-2008 90225 047 ***138.75

DOCUMENT # L07000122271	
1. Entity Name AASB, LLC	



Principal Place of Business 6896 TRAIL BLVD. NAPLES FL 34108	Mailing Address 6896 TRAIL BLVD. NAPLES FL 34108
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2. Principal Place of Business - No P.O. Box # H/O Memphis TN #104	3. Mailing Address Suite, Apt. #, etc. Same
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1st MOORE CR2E083 (10/07)

City & State Naples FL	City & State Same
Zip 34105	Country

4. FEI Number 30-0455088	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARC L. SHAPRIO, P.A. 720 GOODLETTE ROAD NORTH, SUITE 304 NAPLES FL 34102	

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 _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BACARDI REVOCABLE TRUST 6896 TRAIL BLVD. NAPLES FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 2/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE