

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000979

Entity Name: ASI OF ORLANDO, LC

FILED
Jan 30, 2004
Secretary of State

Current Principal Place of Business:

11100 EAST REVELS ROAD
HOWEY-IN-THE-HILLS, FL 34737

New Principal Place of Business:

Current Mailing Address:

11100 EAST REVELS ROAD
HOWEY-IN-THE-HILLS, FL 34737

New Mailing Address:

FEI Number: 59-3467061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, NOLA
11100 E. REVELS RD.
HOWEY-IN-THE-HILLS, FL 34737 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/MEMBERS:

Title: MGR () Delete
Name: ALLEN, NOLA
Address: 11100 E. REVELS RD.
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737

Title: MGR () Delete
Name: ALLEN, CHARLES
Address: 11100 E. REVELS RD.
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALLEN, NOLA
Address: 11100 E. REVELS RD.
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737

Title: MGR (X) Change () Addition
Name: ALLEN, CHARLES
Address: 11100 E. REVELS RD.
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NOLA J ALLEN

MBR

01/30/2004

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