JS Pl. Pept. of st.

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000001758

1. Entity Name A.S.A. ONE, L.C.



Principal Place of Business

Maifing Address

1211 N. WESTSHORE BLVD., SUITE 700 TAMPA, FL 33607

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FILED

2005 APR 14 PM 4: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA



03252005 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number			Applied For	
	59-3532581			Not Applicable	
5.	Certificate of Status Desired		\$5.00 Fee Re	Additional equired	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FORLIZZO, ROBERT A 13577 FEATHER SOUND DRIVE, SUITE 300 CLEARWATER, FL 33762

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing its registerions of registered agent.	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe	ed Agent signature required when reinstating) DATE		
Fi	ling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGR AUSTIN, ALFRED S 1211 N. WESTSHORE BLVD., SUITE 700 TAMPA, FL 33607			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		800053898488 05/05/0501008021 **641.25		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

RONALD L. ELLEST