

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90271 005 \*\*\*\*50.00



**DOCUMENT # L98000001761**

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

Principal Place of Business  
1211 N. WESTSHORE BLVD., SUITE 700  
TAMPA, FL 33607

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

**14023255**



04052004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3532582

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	AUSTIN, ALFRED S
STREET ADDRESS	1211 N. WESTSHORE BLVD., SUITE 700
CITY - ST - ZIP	TAMPA, FL 33607

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Ronald L. Ellett* **RONALD L. ELETT**

*4/7/04* **4/7/04** <sup>(813)</sup>  
**2893886**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #