

75-Fl. Dept. of Sts

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2005 APR 14 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



03252005 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, 2005**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700053898497
05/05/05--01008--021 **641.25

**DO NOT WRITE
IN THIS SPACE**

\$50.00

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

Date

Daytime Phone #

RONALD L. ELLETT

3/28/05

813 2893826