2005 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

SIGNATURE:

FILED **ANNUAL REPORT** Feb 02, 2005 08:00 AM **DOCUMENT # L99000000443 Secretary of State** A & S HOLDINGS, L.L.C. Principal Place of Business Mailing Address **3073 NW 30TH WAY** P.O. BOX 272123 BOCA RATON, FL 33431 BOCA RATON, FL 33427-2123 01122005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0901608 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ODEN, ROBERT F DO NOT WRITE 8100 SW 10TH ST. **SUITE 2200** IN THIS SPACE PLANTATION, FL 33324 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 little if applicable. (NOTE, Registered Agent signature required when reinstaling) DATÉ Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS g. TITLE NAME ODEN, TRUSTEE, ROBERT F 3073 NW 30TH WAY STREET ADDRESS U000000211172 CITY-ST-ZIP BOCA RATON, FL 33431 02/02/03-80106-012 50.00 MGRM TITLE ODEN, TRUSTEE, LILIA NAME 3073 NW 30TH WAY STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-789 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

561-912