
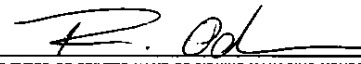


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90228 016 ****50.00

| | | | | | |
|--|---|--|---|---|---|
| DOCUMENT # L99000000443 1. Entity Name A & S HOLDINGS, L.L.C. | | | |  | |
| Principal Place of Business 3073 NW 30TH WAY BOCA RATON, FL 33431 | | | Mailing Address P.O. BOX 272123 BOCA RATON, FL 33427-2123 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | 4. FEI Number 65-0901608 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | Applied For <input type="checkbox"/> Not Applicable |
| 6. Name and Address of Current Registered Agent ODEN, ROBERT F 8100 SW 10TH ST. SUITE 2200 PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ODEN, TRUSTEE, ROBERT F 3073 NW 30TH WAY BOCA RATON, FL 33431 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ODEN, ROBERT F. TRUSTEE P.O. Box 272123 BOCA RATON, FL 33427-2123 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ODEN, TRUSTEE, LILIA 3073 NW 30TH WAY BOCA RATON, FL 33431 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ODEN, LILIA TRUSTEE P.O. Box 272123 BOCA RATON, FL 33427-2123 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | | | 1-23-06 561-912-1480 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date Daytime Phone # | |