

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L99000002634

FILED
Apr 26, 2005
Secretary of State

Entity Name: ASTRA BUILDING INVESTMENT GROUP L.C.

Current Principal Place of Business:

1920 N. COMMERCE PKWY
SUITE #2
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1920 N. COMMERCE PKWY
SUITE #2
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-0918072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT & BENNETT, P.A.
8181 W. BROWARD BLVD.
SUITE 255
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KADIN, LEE E
Address: 1920 N. COMMERCE PKWY, #2
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: NEZVADOVITZ, ABRAHAM
Address: 1920 N. COMMERCE PKWY, #2
City-St-Zip: WESTON, FL 33326

Title: MGRM (X) Delete
Name: KLEINMAN, ALAN N
Address: 1920 N. COMMERCE PKWY, #2
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ABRAHAM NEZVADOVITZ

MGRM

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date