


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L 99000007487	
1. Entity Name ASACC Group, LLC	

FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

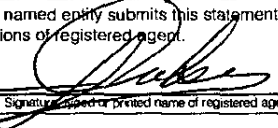
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8501 NW 17th ST Suite, Apt. #, etc. 101 City & State Miami, FL Zip 33126 Country USA		3. Mailing Address 8501 NW 17th ST Suite, Apt. #, etc. 101 City & State Miami, FL Zip 33126 Country USA	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------------------------------------------------------------------------------------------	--

DO NOT WRITE IN THIS SPACE


DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0964057		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Cabreza, Nelson R Street Address (P.O. Box Number is Not Acceptable) 8501 NW 17th ST Suite 101 City Miami FL Zip Code 33126		

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 	DATE 4/28/03
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cabreza, Nelson R 8501 NW 17th ST Miami, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500017832035 05/01/03--01061--001 **450.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cabreza, Alma L 8501 NW 17th ST Miami, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: 	DATE 4/28/03	DAYTIME PHONE # 3055139540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

CR2E083B (12/02)