

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002143

1. Entity Name
ASI MANAGEMENT, L.L.C.



Principal Place of Business
1605 S. BATTLEGROUND RD.
LAPORTE, TX 77571

Mailing Address
1605 S. BATTLEGROUND RD.
LAPORTE, TX 77571

DO NOT WRITE IN THIS SPACE



07212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
76-0670723

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
STRICKLAND, JERRY R
1605 S. BATTLEGROUND RD.
LAPORTE, TX 77571

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000169273
08/03/04-80001-010 50.00

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Manager

7/30/04

Date

281-478-6200

Daytime Phone #