


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 28, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M02000002144 1. Entity Name ASI-MW MANAGEMENT, L.L.C. |  |
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| Principal Place of Business 1605 S. BATTLEGROUND RD. LAPORTE, TX 77571 | Mailing Address 1605 S. BATTLEGROUND RD. LAPORTE, TX 77571 |
|--|--|



03122005No Chg-LLC

CR2E083 (10/03)

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|---|-----------------------------------|
| 4. FEI Number 76-0685182 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 May 1, 2005**

000000374858

07/28/05-80006-017 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WALTON, J. MICHAEL 1605 S. BATTLEGROUND RD. LAPORTE, TX 77571 |
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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

J. MICHAEL WALTON 7/25/05 281-478-6200

Date

Daytime Phone #