## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # M04000005016** A.S. BUILDER L.L.C. 04-29-2005 90028 038 \*\*\*\*50.00 Principal Place of Business Mailing Address 387 SPRING ST 387 SPRING ST UNION, NJ 07083 UNION, NJ 07083 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 CR2E083 (10/03) Chg-LLC City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEWIS, KENNETH A Street Address (P.O. Box Number is Not Acceptable) 4607 S.W. 7TH AVE CAPE CORAL, FL 33914 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME SCHNUG, ALFRED 387 SPRING ST STREET ADDRESS STREET ADDRESS CITY-ST-79 UNION, NJ 07083 CITY-ST-70 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TETLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED