

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M98000001040

1. Entity Name

ASP WT, L.L.C.



FILED

04 MAY 21 AM 11:07

CLERK OF THE COURT  
TALLAHASSEE FLORIDA

MJH



MOORE

CR2E083 (11/03)

5/21

Principal Place of Business

13155 NOEL ROAD  
SUITE 2400  
DALLAS TX 75240

Mailing Address

13155 NOEL ROAD  
SUITE 2400  
DALLAS TX 75240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4026447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME ~~ASP FINANCING, L.L.C.~~  
STREET ADDRESS ~~13155 NOEL ROAD STE 2400~~  
CITY-ST-ZIP ~~DALLAS TX 75240~~

☐ Delete

TITLE MGRM  
NAME ASP FINANCING I, L.P.  
STREET ADDRESS 13155 NOEL ROAD, SUITE 2400  
CITY-ST-ZIP DALLAS, TX 75240

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

*[Signature]*

PATRICK K. FOX

APRIL 27, 2004

972-934-0100

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

Date

Daytime Phone #