


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 -08:00 AM
Secretary of State


DOCUMENT # L04000010009

1. Entity Name
ASCENT, L.L.C.



Principal Place of Business 2100 S.E. OCEAN BLVD. SUITE 102 STUART, FL 34996	Mailing Address 2100 S.E. OCEAN BLVD. SUITE 102 STUART, FL 34996
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DO NOT WRITE IN THIS SPACE



01062006No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2434827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

**BARATTA, ROBERT O M.D.
 31 S.E. HARBOR POINT DRIVE
 STUART, FL 34996**

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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 _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARATTA, ROBERT O M.D. 31 S.E. HARBOR POINT DRIVE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARATTA, GREGG 3315 SW SUNSET TRACE CIRCLE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARATTA, SCOTT 3484 SW FOREST HILLS COURT PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAINIS, MARK 10 PHOENIX DRIVE MENDHAM, NJ 07935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IMMORDINO, CHARLES 1918 CRANBERRY DRIVE PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000385718
 01/18/06-80027-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Gregg Baratta DATE 1/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #