

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010697

**FILED**  
**Feb 26, 2007**  
**Secretary of State**

**Entity Name:** ASSB, LLC

**Current Principal Place of Business:**

600 SOUTH MAGNOLIA AVENUE, STE. 375  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

600 SOUTH MAGNOLIA AVENUE, STE. 375  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 20-2270335

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

SULLIVAN, ANTHONY  
600 SOUTH MAGNOLIA AVENUE  
SUITE 375  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SULLIVAN, ANTHONY J  
Address: 600 SOUTH MAGNOLIA AVENUE SUITE 375  
City-St-Zip: TAMPA, FL 33606

Title: MGRM ( ) Delete  
Name: BORGHESE, SCIPIONE  
Address: 240 PENNBROOK ROAD  
City-St-Zip: FAR HILLS, NJ 07931

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: BORGHESE, SCIPIONE  
Address: 171 PENNBROOK ROAD  
City-St-Zip: FAR HILLS, NJ 07931

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY SULLIVAN

MGRM

02/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date