## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M03000003499

Address:

City-St-Zip:

Entity Name: SETTLEMENT ASSISTANCE SERVICES, LLC

FILED Apr 12, 2006 Secretary of State

1550 PEACHTREE STREET, N.W., #H-29

ATLANTA, GA 30309

**Current Principal Place of Business: New Principal Place of Business:** 345 ROUSER ROAD, BLDG. NO. 5 CORAOPOLIS, PA 15108 **Current Mailing Address: New Mailing Address:** 345 ROUSER ROAD, BLDG. NO. 5 CORAOPOLIS, PA 15108 FEI Number: 57-1178045 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete AZUR, FRANCÍS H Name: Name: 345 ROUSER ROAD Address: Address: City-St-Zip: CORAOPOLIS, PA 15108 City-St-Zip: Title: MGR () Delete Title: () Change () Addition AZUR, CHRISTOPHER F Name: Name: Address: 345 ROUSER ROAD Address: City-St-Zip: CORAOPOLIS, PA 15108 City-St-Zip: MGR Title: () Delete Title: ( ) Change (X) Addition SHIRLEY, JULIE Name: Name: 1550 PEACHTREE STREET, N.W., #H-29 Address: Address: City-St-Zip: City-St-Zip: ATLANTA, GA 30309 ( ) Change (X) Addition Title: () Delete Title: MGR Name: Name: FIONDELLA, LISA

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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER F. AZUR MGR 04/12/2006