

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000970

Entity Name: ASRM, LLC

FILED
Feb 27, 2009
Secretary of State

Current Principal Place of Business:

505 S. LENOLA ROAD, SUITE 231
MOORESTOWN, NJ 08057

New Principal Place of Business:

Current Mailing Address:

505 S. LENOLA ROAD, SUITE 231
MOORESTOWN, NJ 08057

New Mailing Address:

FEI Number: 42-1574144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: GRADY, ROBERT E
Address: 505 S. LENOLA ROAD, SUITE 231
City-St-Zip: MOORESTOWN, NJ 08057

Title: MGRM () Delete
Name: SHAFER, WENDY
Address: 505 S. LENOLA ROAD, SUITE 213
City-St-Zip: MOORESTOWN, NJ 08057

Title: MGRM () Delete
Name: SANDOLE, DENNIS A
Address: 505 S. LENOLA ROAD, SUITE 231
City-St-Zip: MOORESTOWN, NJ 08057

Title: MGRM () Delete
Name: FUSCO, ANTHONY J
Address: 505 S. LENOLA ROAD, SUITE 231
City-St-Zip: MOORESTOWN, NJ 08057

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARK WEGFAHRT

CFO

02/27/2009

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