

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007058

Entity Name: ASSUMERE USA, LLC

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

C/O SMITH, MACKINNON, GREELEY, ETC
255 SOUTH ORANGE AVENUE, SUITE 800
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

1926 NORTH JOHN YOUNG PARKWAY
SUITE 104
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 59-3673952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOKMENSUER, C. YANKI ESQUIRE
C/O SMITH, MACKINNON, GREELEY, ETC.
255 SOUTH ORANGE AVENUE, SUITE 800
ORLANDO, FL 32801 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: MGR () Delete
Name: SABO, FERNANDO E
Address: 4787 WEST IRLO BRONSON HIGHWAY
City-St-Zip: KISSIMMEE, FL 34746

Title: MGR () Delete
Name: SABO, MIRIAM E
Address: 4787 WEST IRLO BRONSON HIGHWAY
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SABO, FERNANDO E
Address: 1926 NORTH JOHN YOUNG PARKWAY #104
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR (X) Change () Addition
Name: SABO, MIRIAM E
Address: 1926 NORTH JOHN YOUNG PARKWAY #104
City-St-Zip: KISSIMMEE, FL 34741

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: FERNANDO E SABO

DIR

04/29/2007

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