

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014120

FILED  
Aug 12, 2004  
Secretary of State

Entity Name: ADVANCED ASSESSMENT SYSTEMS, LLC

## Current Principal Place of Business:

1200 WEST AVE. #604  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

1200 WEST AVENUE  
PH #5  
MIAMI BEACH, FL 33139

## Current Mailing Address:

1200 WEST AVE. #604  
MIAMI BEACH, FL 33139

## New Mailing Address:

1200 WEST AVENUE  
PH #5  
MIAMI BEACH, FL 33139

FEI Number: 20-0181030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEGAGNEUR, J. GERARD JR.  
200 S. BISCAYNE BLVD., STE. 4900  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

POWE, JOSHUA  
1200 WEST AVENUE  
PH #5  
MIAMI BEACH, FL 33131 US

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: JOSHUA POWE

08/12/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: JONES, COLLEEN  
Address: 16 EAST 98TH STREET, APT. 10A  
City-St-Zip: NEW YORK, NY 10029 US

Title: MGRM ( ) Change (X) Addition  
Name: POWE, REGINALD  
Address: 16 EAST 98TH STREET, APT. 10A  
City-St-Zip: NEW YORK, NY 10029 US

Title: MGRM ( ) Change (X) Addition  
Name: POWE, JASON  
Address: 1000 WEST AVENUE, APT #1516  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM ( ) Change (X) Addition  
Name: POWE, JOSHUA  
Address: 1200 WEST AVENUE, PH #5  
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSHUA POWE

MGRM

08/12/2004

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