2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# L03000014120

Entity Name: ADVANCED ASSESSMENT SYSTEMS, LLC

Current Principal Place of Business:

1200 WEST AVENUE
PH #5
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1200 WEST AVENUE
PH #5
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-0181030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWE, JOSHUA
1200 WEST AVENUE
PH #5
MIAMI BEACH, FL 33131 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	JONES, COLLEEN	
Address:	16 EAST 98TH STREET, APT. 10A	
City-St-Zip:	NEW YORK, NY 10029 US	
Title:	MGRM	( ) Delete
Name:	POWE, REGINALD	
Address:	16 EAST 98TH STREET, APT. 10A	
City-St-Zip:	NEW YORK, NY 10029 US	
Title:	MGRM	( ) Delete
Name:	POWE, JASON	
Address:	1000 WEST AVENUE, APT #1516	
City-St-Zip:	MIAMI BEACH, FL 33139 US	
Title:	MGRM	( ) Delete
Name:	POWE, JOSHUA	
Address:	1200 WEST AVENUE, PH #5	
City-St-Zip:	MIAMI BEACH, FL 33139 US	

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 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 04/30/2005

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