

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014120

FILED
Jan 25, 2006
Secretary of State

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:

80 5TH AVENUE
SUITE 1503
NEW YORK, NY 10011

Current Mailing Address:

1200 WEST AVENUE
PH #5
MIAMI BEACH, FL 33139

New Mailing Address:

80 5TH AVENUE
SUITE 1503
NEW YORK, NY 10011

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:

POWE, JOSHUA
1200 WEST AVENUE
TS-5
MIAMI BEACH, FL 33139 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

01/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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: MGRM (X) Change () Addition
Name: JONES, COLLEEN
Address: 11 CUSHMAN ROAD
City-St-Zip: PATTERSON, NY 12563 US

Title: MGRM (X) Change () Addition
Name: POWE, REGINALD
Address: 11 CUSHMAN ROAD
City-St-Zip: PATTERSON, NY 12563 US

Title: MGRM (X) Change () Addition
Name: POWE, JASON
Address: 1000 WEST AVENUE, APT #1411
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM (X) Change () Addition
Name: POWE, JOSHUA
Address: 1200 WEST AVENUE, TS-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 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: JOSHUA POWE

MGRM

01/25/2006

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