

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000014120**

1. Entity Name  
**ADVANCED ASSESSMENT SYSTEMS, LLC**



Principal Place of Business

**80 5TH AVENUE  
SUITE 1503  
NEW YORK, NY 10011**

Mailing Address

**80 5TH AVENUE  
SUITE 1503  
NEW YORK, NY 10011**



07102007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0181030**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JONES, COLLEEN
STREET ADDRESS	11 CUSHMAN ROAD
CITY-ST-ZIP	PATTERSON, NY 12563
TITLE	MGRM
NAME	POWE, REGINALD
STREET ADDRESS	11 CUSHMAN ROAD
CITY-ST-ZIP	PATTERSON, NY 12563
TITLE	MGRM
NAME	POWE, JASON
STREET ADDRESS	1000 WEST AVENUE, APT #1411
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGRM
NAME	POWE, JOSHUA
STREET ADDRESS	1200 WEST AVENUE, TS-5
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000769016  
07/16/07-80010-020 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Reginald Powe*

DATE

*7/9/07 212-242-7827*

Daytime Phone #