

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055567

FILED
Apr 26, 2005
Secretary of State

Entity Name: ASCENSION LLC

Current Principal Place of Business:

6401 CONGRESS AVENUE
SUITE 245
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

6401 CONGRESS AVENUE
SUITE 245
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 57-1209208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, WHEELUS JR.
6401 CONGRESS AVENUE
SUITE 245
BOCA RATON, FL 33487 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: MGR () Delete
Name: WHEELUS, CHARLES R SR.
Address: 2939 WYNN ST
City-St-Zip: MARIANNA, FL 32446 US

Title: MGRM () Delete
Name: WHEELUS, DELORES A
Address: 2939 WYNN ST
City-St-Zip: MARIANNA, FL 32446 US

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: WHEELUS, CHARLES R JR
Address: 6401 CONGRESS AVE, SUITE 245
City-St-Zip: BOCA RATON, FL 33487 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: CHARLES WHEELUS, JR.

MGRM

04/26/2005

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