2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000013429

1. Entity Name

ASSÉT CONSULTANTS LLC



FILED Jan 22, 2007 08:00 AM **Secretary of State**

Principal Place of Business

3914 WEST RIVERSIDE DRIVE FORT MYERS, FL 33901 US Mailing Address

3914 WEST RIVERSIDE DRIVE FORT MYERS, FL 33901 US



01182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3607509 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HERMAN, ELIZABETH 3914 WEST RIVERSIDE DRIVE FORT MYERS, FL 33901

CITY-ST-ZIP

CICMATUDE.

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its registions of registered agent.	tered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE		
_11 :	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis	lered Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERMAN, ELIZABETH 3914 WEST RIVERSIDE DRIVE FORT MYERS, FL 33901	U00000595239 01/23/07-80032-004 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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NAME STREET ADDRESS- CITY-ST-7IP	to physical sectors (\$2, 1800) to the line of the control of the c	

11. Thereby 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.

Euzebern

1-15-07