

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2007 8:00 am
Secretary of State

04-16-2007 90354 013 ****50.00
 08-29-2007 90039 028 ****50.00

DOCUMENT # L05000118273

1. Entity Name
ASEQUE, LLC



Principal Place of Business
**1947 PEMBROKE ROAD
 HOLLYWOOD, FL 33020**

Mailing Address
**1947 PEMBROKE ROAD
 HOLLYWOOD, FL 33020**

60055261



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07142007 Chg-LLC CR2E083 (12/06)

City & State
 City & State

4. FEI Number
203920408

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**FINEBERG, LIBO B
 3500 GATEWAY DRIVE
 SUITE 201
 POMPANO BEACH, FL 33069**

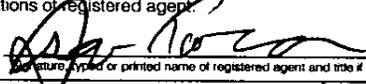
7. Name and Address of New Registered Agent

Name
TAREQ, ASEQUE M.

Street Address (P.O. Box Number is Not Acceptable)
5327 NW 93 AVENUE

City **SUNRISE** FL Zip Code **33351**

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  **ASEQUE M. TAREQ, MGR/MEMBER** **08-13-07**

(NOTE: Registered Agent signature required when reinstating) DATE

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

**Make check payable to
 Florida Department of State**

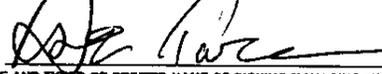
9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ANAMUL ISLAM, KHANDAKER 5327 NW 93 AVENUE SUNRISE, FL 33351 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ALAM, SHAHANA 9544 52 MANOR SUNRISE, FL 33351 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TAREQ, ASEQUE M 5327 NW 93 AVENUE SUNRISE, FL 33351 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR/M TAREQ, ASEQUE M. 5327 NW 93 Ave SUNRISE, FL 33351 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **ASEQUE M. TAREQ, MGR/MEM** **08-13-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #