


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000001747</b> 1. Entity Name ASOMA, LLC	
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Principal Place of Business 7400 MESA DRIVE HOUSTON, TX 77028	Mailing Address 555 STATE ROAD BENSALEM, PA 19020
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01032005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0716130	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  NATIONAL CORPORATE RESEARCH, LTD, INC 103 N MERIDIAN ST TALLAHASSEE, FL 32301
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOWERS, C. ROBERT 555 STATE ROAD BENSALEM, PA 19020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOFFMAN, MICHAEL H 888 SAN CLEMENTE DR., STE 250 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR O'TOOLE, RICHARD E 888 SAN CLEMENTE DR., STE 250 NEWPORT BEACH, CA 92660
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01/20/05-80031-009 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:** C Robert Bowers C. ROBERT BOWERS 1/18/05 (215) 244-3290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #